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COUNTY HALL,  
HERTFORD.

*April, 1959.*

To the Chairman and Members of the Health Committee.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1957.

At one time a Medical Officer could count on a "close season" during the summer vacation when it was possible to give some sustained attention to his Annual Reports. Recently, to an increasing degree, the work of the Department has continued unabated throughout the holiday period and the job that still has to be done must always take precedence over writing about those that have been done. The lateness of this Report is a reflection of the activity in the Department.

Table 2 shows that statistically 1957 compared favourably in most respects with the preceding year, and the majority of the more detailed charts and tables on pages 10-17 similarly show a satisfactory trend over a period of years. The notable exception is shown on page 16 where it is recorded that deaths from Lung Cancer in males increased by 44 and that this disease accounted for 1 in 14 of the deaths of males of all ages. The national figure, quoted by the Medical Research Council in its statement on Tobacco Smoking and Cancer of the Lung published in June, 1957, was 1 in 18.

The table on page 12 shows that the ratio of illegitimate to legitimate births was 1 to 30 and that the infant mortality rate amongst illegitimate children was only 1.4 per thousand above the rate for the legitimate. Furthermore, though the total number of births rose by 746, the number of illegitimate births fell by 11.8 per cent compared with the previous year.

Table 23 (page 30) shows that the percentage of those vaccinated against smallpox, on which I commented with satisfaction in 1956, again showed a gratifying increase. In my introductory letter to the 1956 Report I expressed the hope that the slight improvement in the diphtheria immunization figures would be maintained in the following year.

Unfortunately, these hopes are not realized. The number of infants immunized against diphtheria in 1957 fell by nearly 400, to a figure which is only 54.8 per cent of the number of births in that year. We have now arrived at a situation in which the figures for primary vaccination are better than those for primary diphtheria immunization. At one time, smallpox vaccination was studiously avoided by many mothers who gladly accepted diphtheria immunization for their infants. It would indeed be unfortunate if gains on the smallpox roundabouts were offset by losses on the diphtheria immunization swings. No case of either disease occurred in this county during the year but it is probable that the sense of urgency which develops in the national press and radio when a case of smallpox is reported has served to remind mothers of the importance of having infants vaccinated against this disease. There is no such stimulus nowadays to remind young parents that the annual toll taken by diphtheria in this country was, until relatively recently a formidable one and the fact that children are no longer protected by casual contacts with the diphtheria germ makes it the more important that they should have artificial immunity from an early age.

The series of injections now recommended in the protective routine for the infant is formidable and last year I referred to the possibility that this might lead to a decline in acceptances. Opinions are divided on the infant's emotional reactions to these multiple injections but there can be no doubt

that a great deal of time would be saved for mothers, doctors, and other workers in the health services if an acceptable combined vaccine could be developed.

In view of the present day interest in mental health the social workers reports have been quoted in some detail on pages 62 *et seq* to give the Committee an indication of the background work which is now being done and which will have to be done in greater measure in the future.

As usual, before writing this introduction, I referred to my penultimate predecessor's Report for the year 1907. It records an infant mortality rate of 79·9 which was a record for the county at that time. Fifty years ago the cancer death rate was 1·07 per thousand population and it was noted that this rate was steadily increasing. There was no separate figure for lung cancer in those days nor for heart disease which is now the main cause of death. In 1907 only 40 per cent of those who died had attained 65 years ; in the year under review the percentage was 68.

In conclusion, I have, as always, to thank those who have contributed to this Report either by working in the services under discussion, or by reporting on them. My special thanks go to Dr. Stewart, my Deputy, for his contribution in editing and annotating the reports on Prevention of Illness, Care and After-Care, and to Mr. Treharne, my Chief Clerk, for collating the individual reports and comments in a form suitable for printing.

I am, ladies and gentlemen,

Your obedient servant,

J. L. DUNLOP,

*County Medical Officer.*



## CHAIRMAN OF THE HEALTH COMMITTEE.

G. Rollo Walker, Esq.

## STAFF.

(As at 31st December, 1957.)

*County Medical Officer.*

J. L. Dunlop, M.D., D.P.H., D.T.M. &amp; H.

*Deputy County Medical Officer.*

W. Stewart, M.B., Ch.B., D.P.H.

*County Dental Officer.**Divisional Medical Officers.*

(See also page 7.)

*Dacorum.*

R. S. Hynd, M.B., Ch.B., D.P.H., Churchill, Park Road, Hemel Hempstead

*North Herts.*

V. R. Walker, B.Sc., M.B., Ch.B., D.P.H., 12 Brand Street, Hitchin.

*St. Albans.*

J. C. Sleigh, M.B., Ch.B., D.P.H., 15 Hatfield Road, St. Albans.

*South-West Herts.*

W. Alcock, M.B., Ch.B., B.Hy., D.P.H., Town Hall, Watford.

*Welwyn.*

G. R. Taylor, M.B., B.S., D.P.H., "Gooseacre," Cole Green Lane, Welwyn Garden City.

South Herts Division  
East Herts Division

} No Divisional Scheme in force.

*Assistant County Medical Officers.*

R. M. Allinson, M.B., Ch.B., D.P.H.  
 F. Barasi, M.R.C.S., L.R.C.P., D.P.H.  
 E. W. G. Birch, M.B., B.S., D.P.H.  
 B. E. S. Colman, B.A., M.R.C.S., L.R.C.P.  
 J. E. Crawley, M.B., Ch.B., M.R.C.P.  
 M. M. Harwood, M.B., B.S., D.P.H.  
 E. C. Howarth, M.B., B.S.  
 E. M. Jones, M.B., Ch.B., D.P.H.  
 L. S. Karpati, M.D. (Graz).  
 V. K. Kelly, M.B., Ch.B., D.R.C.O.G., D.C.H.  
 N. MacRae, M.B., Ch.B., D.P.H.  
 J. D. Milne, M.B., Ch.B.  
 S. J. Moynihan, M.R.C.S., L.R.C.P.  
 P. B. M. O'Reilly, M.R.C.S., L.R.C.P., D.P.H.  
 H. E. D. E. Ormiston, M.B., B.S., D.P.H.  
 J. M. B. Orr, M.B., Ch.B.  
 M. I. Outram, M.B., Ch.B., D.P.H.  
 T. E. Roberts, M.B., B.S., D.R.C.O.G., D.P.H.  
 J. D. Russell, M.B., B.S., D.P.H.  
 M. Ward, M.B., Ch.B., D.P.H.  
 M. E. Watkins, M.B., B.S.  
 E. M. Wozencroft, M.B., B.S., D.R.C.O.G.  
 J. O. Yates, M.B., Ch.B., D.C.H.

*Chest Physicians.*

T. A. W. Edwards, B.A., M.B., B.Ch., M.R.C.P.  
 A. G. Hounslow, M.D.  
 N. A. Neville, B.M., B.Ch., M.R.C.P.  
 P. W. Roe, B.A., B.M., B.Ch.  
 J. B. Shaw, M.D., D.P.H.

*County Nursing Officer and Day Nurseries Supervisor.*

V. M. King, S.R.N., S.C.M., H.V., Q.N.

*County Health Inspector.*

J. L. Stringer, M.R.S.I., Cert.S.I.B.

*Senior Authorized Officer.*

W. H. Finch.

*Almoners and Welfare Workers.*

S. Bone, A.M.I.A.

C. S. Bremner, B.A., A.M.I.A.

M. G. Melbourne, S.R.N.

P. Morfey, M.A., A.M.I.A.

*Home Help Organizer.*

H. M. Watson.

*Social Workers, Mental Health.*

G. M. Harwood, B.A.

E. M. Morris.

A. G. Peace.

P. E. Rock.

E. M. Rendle.

*Chief Clerk.*

W. A. Treharne, A.C.I.S.



# MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS OF COUNTY DISTRICTS.

(As at 31.12.1957.)

<i>Division.</i>	<i>District M.O.H.</i>	<i>County District.</i>	<i>Public Health Inspector.</i>
East Herts	Dr. E. M. Jones (A.C.M.O.). *Dr. C. R. Hillis (temporary).	Bishop's Stortford U.D.	Mr. A. L. Good
		Cheshunt U.D. . . .	Mr. C. Wilson
	Dr. J. Wildman . . .	Hertford B. . . .	Mr. B. Peck
		Hoddesdon U.D. . . .	Mr. W. N. David
		Sawbridgeworth U.D. . . .	Mr. C. A. Ford
		Ware U.D. . . .	Mr. C. J. Lucas
		Braughing R.D. . . .	Mr. E. E. Wateridge
		Hertford R.D. . . .	Mr. H. E. Gilby
		Ware R.D. . . .	Mr. A. D. G. Goold .
North Herts .	Dr. V. R. Walker ( <b>Divisional County M.O.</b> ).	Baldock U.D. . . .	Mr. A. D. Gates
		Hitchin U.D. . . .	Mr. N. Holt
		Letchworth U.D.. . .	Mr. A. Jump
		Royston U.D. . . .	Mr. S. M. Jackson
		Stevenage U.D. . . .	Mr. R. V. Lamey
		Hitchin R.D. . . .	Mr. W. M. Matthews
St. Albans .	Dr. J. C. Sleigh ( <b>Divisional County M.O.</b> ). *Dr. G. W. Everett (temporary).	City of St. Albans . . .	Mr. R. E. C. Goddard
		Harpenden U.D. . . .	Mr. J. Snowden
		St. Albans R.D. . . .	Mr. D. J. Graham
		Elstree R.D. . . .	Mr. A. D. S. Blackhall
South Herts .	Dr. A. L. Hyatt (temporary).	Barnet U.D. . . .	Mr. J. B. Wilson
	*Dr. C. M. Scott (temporary).	East Barnet U.D. . . .	Mr. W. K. Pickup
South-West Herts.	Dr. W. Alcock ( <b>Divisional County M.O.</b> )	Watford B.. . .	Mr. K. H. Marsden
Welwyn	Dr. W. Harvey . . .	Bushey U.D. . . .	Mr. A. C. F. Gisborne
		Chorleywood U.D. . . .	Mr. W. E. Hands
		Rickmansworth U.D. . . .	Mr. C. R. Alexander
		Watford R.D. . . .	Mr. S. N. Grigg
Welwyn	Dr. G. R. Taylor ( <b>Divisional County M.O.</b> )	Welwyn Garden City U.D.	Mr. M. Stockdale
		Hatfield R.D. . . .	Mr. C. A. Bailey
		Welwyn R.D. . . .	Mr. P. B. Hawley
Dacorum	Dr. R. S. Hynd ( <b>Divisional County M.O.</b> )	Hemel Hempstead B. . .	Mr. A. C. Horne
		Berkhamsted U.D. . . .	Mr. G. E. Brogan
		Tring U.D. . . .	Mr. T. Marsh
		Berkhamsted R.D. . . .	Mr. C. Laidman
		Hemel Hempstead R.D.	Mr. R. H. T. Chappell

\* Also holds appointment as part-time A.C.M.O.

Except where indicated, the officers named here serve County District Councils and are not on the staff of the County Council. This list is included in the Report for the information of those interested in the staffing of the Health Services in the County as a whole.

# ANNUAL REPORT, 1957.

## VITAL STATISTICS FOR THE COUNTY OF HERTFORD.

TABLE 1.  
POPULATION AND ACREAGE.

	Acreage (land and water)	Population at Mid Year			
		Estimate 1954	Estimate 1955	Estimate 1956	Estimate 1957
Boroughs . . . . .	21,496	166,250	169,110	173,530	178,800
Urban Districts . . . . .	70,664	302,050	311,590	322,670	335,000
Rural Districts . . . . .	312,363	203,400	211,300	218,800	226,000
County . . . . .	404,523	671,700	692,000	715,000	739,800
England and Wales . . . . .	37,339,215	44,907,000			

As last year, the anticipated increase of 20,000 in the population has been considerably exceeded, but the staffing position has improved somewhat. In this connection the willingness of the Development Corporations of the four New Towns to provide suitable housing has been of very great assistance.

TABLE 2.  
STATISTICAL SUMMARY.

	See Table	Boroughs		Urbans		Rurals		County	
		1956	1957	1956	1957	1956	1957	1956	1957
Death rate . . . . .	6	10·19	9·74	9·29	9·05	11·53	10·42	10·19	9·64
Live birth rate . . . . .	4	16·72	16·87	16·60	17·32	16·15	16·46	16·49	16·95
Infant mortality rate . . . . .	8 & 9	15·85	19·56	19·04	18·44	18·68	18·55	18·15	18·74
Maternal mortality rate . . . . .	11	0·67	—	0·37	0·51	0·56	0·53	0·50	0·39
Epidemic death rate . . . . .	—	0·01	0·05	0·03	0·05	0·01	0·04	0·02	0·05
Phthisis death rate . . . . .	29	0·10	0·06	0·06	0·05	0·13	0·12	0·09	0·08
Cancer death rate . . . . .	10	1·98	1·99	1·85	1·77	1·75	1·65	1·85	1·78
Heart disease death rate . . . . .	12	3·30	2·98	2·99	2·83	3·76	3·53	3·26	3·08

This summary of the principal vital statistics is prepared from data supplied by the Registrar-General. In the Tables referred to in the second column the statistics are given in greater detail.

In this and subsequent Tables, Infant Mortality is expressed as a rate per thousand live births, and Maternal Mortality as a rate per thousand live and still births.

The first two items on this list—the death rate and the birth rate—compare favourably with National figures. This comparison could, of course, be discounted by the fact that the rates given here are crude rates and have no regard for the unbalanced population existing in this County at the present time where a preponderance of young people will obviously tend to give a rise in the birth rate and an apparent fall in the death rate. If the balancing factor produced by the Registrar-General is applied to the rates in this County they compare with the National figures as shown below :—

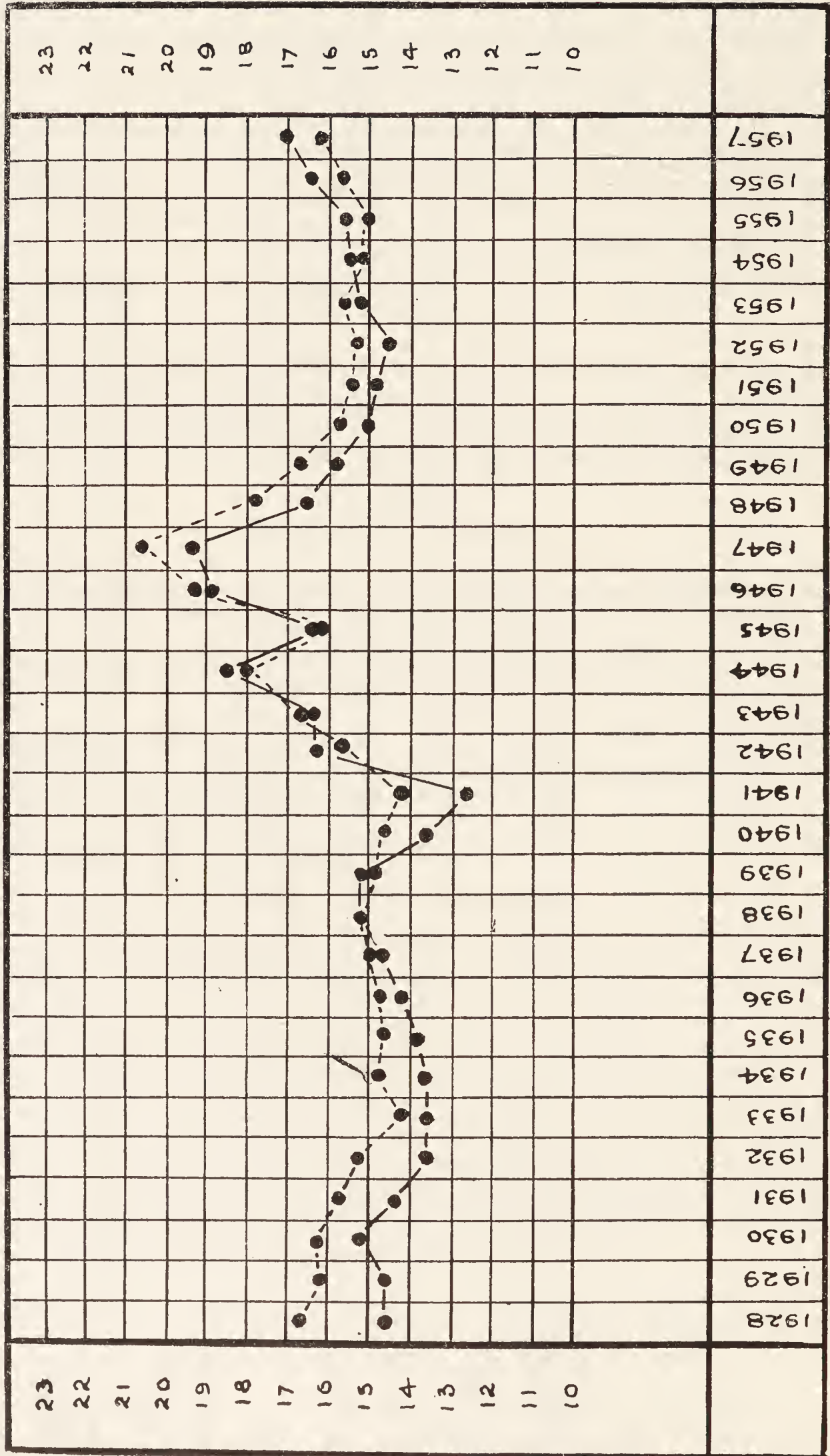
	Crude rate	Rate by balancing factor	National rate
Death rate . . . . .	9·64	10·12	11·5
Birth rate . . . . .	16·95	15·93	16·1

Table 3 shows the age grouping of the deaths during 1957 and it may usefully be compared with Table 3 of my 1956 report though it should be borne in mind that these Tables relate to individuals and not to rates. Increases must, therefore, be seen against a background of a population which has increased by 24,000; similarly decreases are even more satisfactory than would at first sight appear from a straightforward comparison of the two Tables.





TABLE 4.—BIRTH RATE, 1928-1957.  
Per 1,000 Population.



HERTFORDSHIRE ———●————— ENGLAND AND WALES ———●—————



The actual number of infants born in 1957 was 13,887—an increase of 561 on the number born in the previous year. This in itself would have made demands on our domiciliary midwifery services but these demands are in fact much greater than might at first sight appear. Hertfordshire during the war played a considerable part in the emergency maternity services and at the end of the war the number of maternity beds in this County was generous by comparison with the national average. In recent years, however, the number of young women of child-bearing age in the County has increased rapidly. There has been a consequent increase in the demand for maternity beds. The hospitals have been obliged to tighten up on the admissions and in some cases to decrease the length of stay in the Maternity Unit. This has led to an increase in the number of women confined at home—a development which is welcomed by our domiciliary midwives—and an increase also in the number of women discharged early from hospital who have to be looked after by the domiciliary midwives for the remainder of the lying-in period. This arrangement is not completely satisfactory for the patient and is very unpopular with the midwives.

TABLE 5. —LIVE BIRTHS AND INFANT DEATHS, 1957.

	A. Live Births				B. No. of Infant Deaths (under one year)				C. No. of Infants in B who died under four weeks.					
	Legitimate		Illegitimate		Legitimate		Illegitimate		Legitimate		Illegitimate			
	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males		
Boroughs .	1,520	1,386	58	53	27	31	1	—	16	25	1	—	42	13·92
Urbans .	2,926	2,714	79	83	52	53	1	1	40	36	1	1	78	13·44
Rurals .	1,813	1,781	61	64	36	28	2	3	27	19	2	1	49	13·18
County .	6,259	5,881	198	200	115	112	4	4	83	80	4	2	169	13·48

Last year, we noted with satisfaction that the Mortality Rate amongst illegitimate infants was only 1.8 per thousand above the rate for legitimate infants. This year's figures again show an improvement with a mortality rate of 20.1 per thousand for illegitimate and 18.7 per thousand for legitimate—a difference of 1.4. Stated more simply, the facts are that, in 1956, 451 illegitimate children were born of whom 9 died before reaching the age of one year. This year, there were 398 illegitimate births, 8 of whom died in infancy. It will be noted too that, whereas the total number of births in the County rose by 746 in comparison with the previous year, the number of illegitimate births fell by 53.

TABLE 6.  
DEATH RATE.  
(per 1,000 population.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1942-51 (average for ten years).	1,644	11.0	2,751	10.3	1,519	9.7	5,914	10.3	11.9
1952 .	1,683	10.6	2,794	9.8	1,628	8.6	6,105	9.6	11.2
1953 .	1,815	11.2	2,806	9.6	2,252	11.5	6,873	10.6	11.4
1954 .	1,663	10.0	2,737	9.1	2,202	10.8	6,602	9.8	11.3
1955 .	1,752	10.4	2,990	9.6	2,347	11.1	7,089	10.3	11.7
1956 .	1,768	10.2	2,998	9.3	2,523	11.5	7,289	10.2	11.7
1957 .	1,741	9.7	3,033	9.1	2,355	10.4	7,129	9.6	11.5

TABLE 7.  
STILL-BIRTH RATE.  
(per 1,000 births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1942-51 (aver- age for ten years) .	62	24·0	101	22·3	61	23·0	224	23·0	23·0
1952 . .	51	20·8	77	18·8	56	18·8	184	19·3	22·6
1953 . .	45	18·2	81	19·0	56	17·2	182	18·2	22·4
1954 . .	64	23·7	95	20·6	69	20·7	228	21·4	24·0
1955 . .	50	17·7	89	18·1	77	23·0	216	19·5	23·1
1956 . .	61	20·6	114	20·8	67	18·6	242	20·1	23·0
1957 . .	57	18·5	115	19·4	74	19·5	246	19·2	22·5

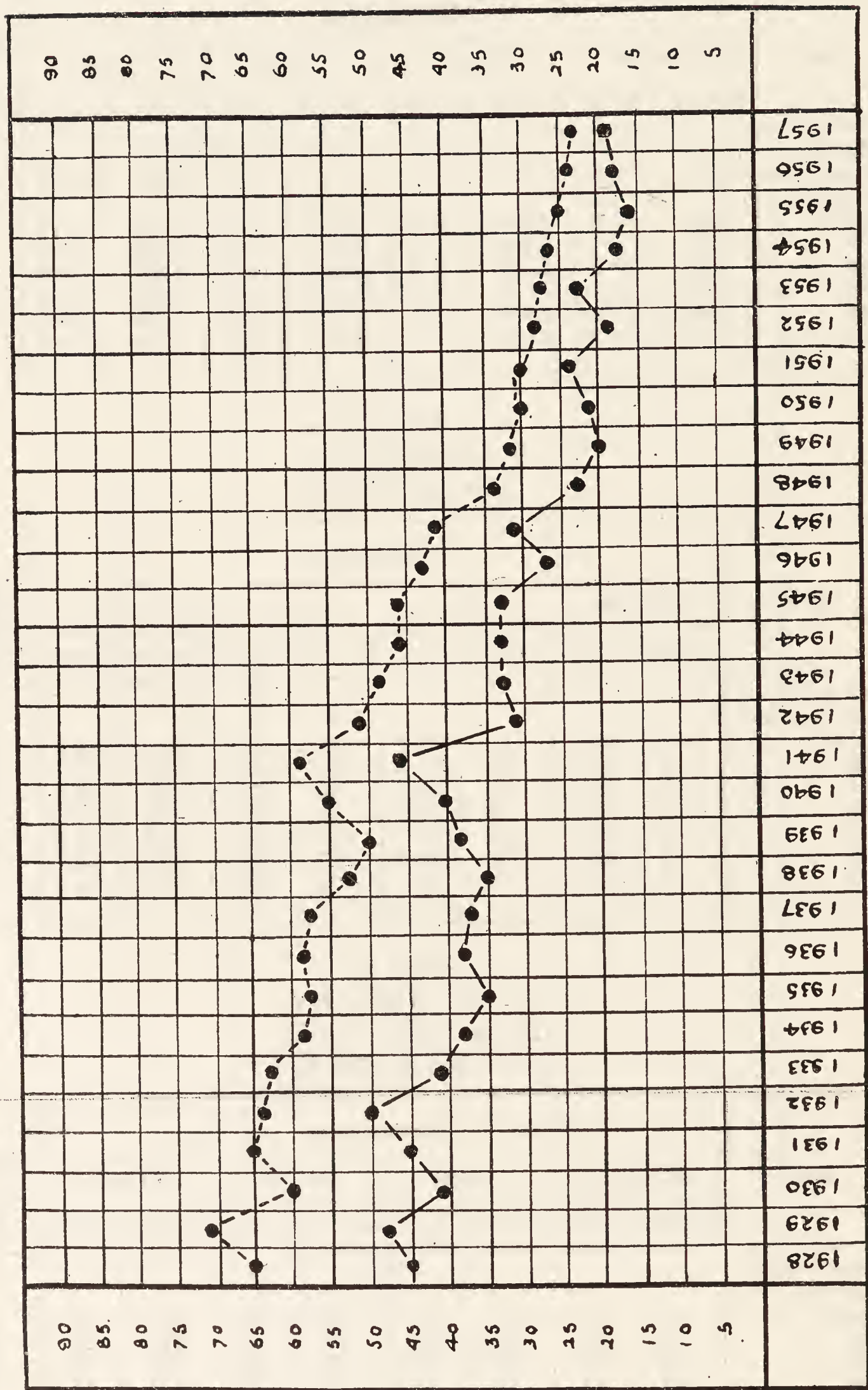
TABLE 8.  
INFANT MORTALITY.  
(Deaths under 1 year.)  
(per 1,000 live births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1942-51 (aver- age for ten years) .	69	27	125	28	73	28	267	28	40
1952 . .	53	22	82	20	42	14	177	19	28
1953 . .	54	22	101	24	70	22	225	23	27
1954 . .	45	17	81	18	57	17	183	18	26
1955 . .	44	16	85	18	50	15	179	16	25
1956 . .	46	16	102	19	66	19	214	18	24
1957 . .	59	20	107	18	69	19	235	19	23

The infant mortality rate is one of the few rates which has increased in the County but has fallen nationally.



TABLE 9.—INFANT MORTALITY RATE, 1928-1957.  
Per 1,000 Live Births.



HERTFORDSHIRE

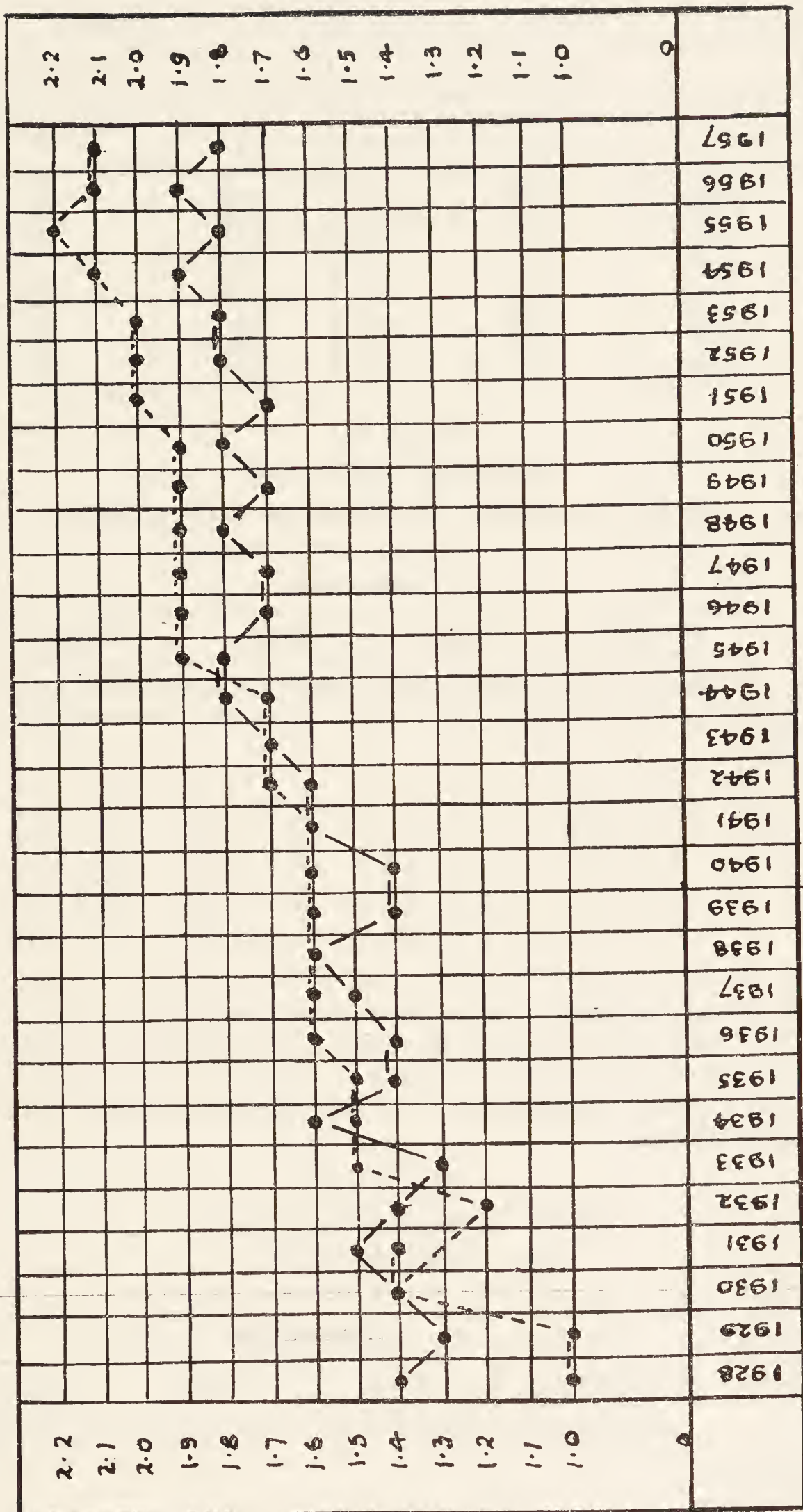
—●—

ENGLAND AND WALES

- - - ● - - -



TABLE 10.—CANCER DEATH RATE, 1928-1957.  
Per 1,000 Population.



This graph is interesting in that it shows the curiously balanced fluctuation in the number of cancer deaths in the County. Four times in the last ten years, the rate has fallen by 0.1 only to rise again in the following year. In 1953, there was no fall but there was the usual rise in 1954. The Committee may be interested in some figures that were studied as part of last year's campaign against cigarette smoking.

## DEATHS FROM CANCER OF LUNGS AND BRONCHUS.

Year	Males			Females		
	Total deaths	Deaths from Cancer of Lungs and Bronchus	Ratio of 2-3	Total deaths	Deaths from Cancer of Lungs and Bronchus	Ratio of 4-5
	2	3		4	5	
1950 .	3,010	126	24	3,009	25	120
1951 .	3,255	151	21	3,047	22	139
1952 .	3,078	169	18	3,027	29	104
1953 .	3,495	188	18	3,378	34	99
1954 .	3,377	184	18	3,225	32	101
1955 .	3,412	212	16	3,667	36	102
1956 .	3,590	208	17	3,699	39	94
1957 .	3,607	252	14	3,522	37	95

TABLE 11.  
MATERNAL MORTALITY.  
(Number of Deaths of Mothers per 1,000 Births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1942-51 (average for ten years)	3	1.0	6	1.3	3	1.1	12	1.2	1.5
1952 . .	1	0.4	3	0.7	2	0.7	6	0.6	0.7
1953 . .	3	1.2	1	0.2	1	0.3	5	0.5	0.8
1954 . .	4	1.5	7	1.5	1	0.3	12	1.1	0.7
1955 . .	—	—	4	0.8	1	0.3	5	0.5	0.6
1956 . .	2	0.7	2	0.4	2	0.6	6	0.5	0.6
1957 . .	—	—	3	0.5	2	0.5	5	0.4	0.5

The maternal mortality rate is the lowest since 1951. Five women died as a result of child birth in a year in which 12,538 infants were born. If one can forget the personal tragedy of these five deaths, it is gratifying to find that in a year in which the number of births rose by 746 the number of these tragedies was reduced.

TABLE 12.  
HEART DISEASE DEATH RATE.  
(per 1,000 population.)

Year	Hertfordshire							
	Boroughs		Urbans		Rurals		County	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1942-51 (aver- age for ten years) .	513	3.4	738	2.8	451	2.9	1,702	3.0
1952 .	524	3.3	853	3.0	508	2.7	1,885	3.0
1953 .	552	3.4	793	2.7	681	3.5	2,026	3.1
1954 .	530	3.2	846	2.8	704	3.5	2,080	3.1
1955 .	585	3.5	957	3.1	817	3.9	2,359	3.3
1956 .	573	3.3	937	3.0	823	3.8	2,333	3.2
1957 .	533	3.0	947	2.8	798	3.5	2,278	3.1

The heart disease death rate, like the cancer death rate, fell by 0.1 per 1,000 in comparison with the previous year.



District.	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid	Paratyphoid	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox*	Malaria	Undulant Fever	Infective Hepatitis	Wells Disease	Tuberculosis		Total for Districts
			Paralytic	Non- Paralytic						Infective	Post- Infective													Pulmonary	Non- Pulmonary	
Boroughs—																										
1 Hemel Hempstead	26	30	7	12	186	—	2	12	—	—	—	1	—	—	2	—	1	—	—	—	—	—	—	47	9	335
2 Hertford	4	17	4	—	318	—	4	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	7	—	365
3 St. Albans	45	99	1	1	865	—	11	3	—	—	—	—	—	3	—	26	—	—	—	—	—	—	—	40	5	1,103
4 Watford	67	265	4	2	976	—	30	33	—	—	1	3	—	1	—	25	—	—	—	—	—	—	—	92	6	1,511
Totals Boroughs .	142	411	16	15	2,345	—	47	49	—	1	1	—	4	4	2	51	3	—	—	—	—	17	—	186	20	3,314
Urban—																										
1 Baldock	27	4	—	—	175	—	4	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	3	—	215
2 Barnet	5	44	10	1	478	—	45	6	—	—	—	—	—	5	4	25	30	—	—	—	—	—	—	11	3	668
3 Berkhamsted	4	25	1	1	182	—	3	—	—	—	—	—	—	1	—	13	—	—	—	—	—	—	—	3	3	223
4 Bishop's Stortford	—	52	3	—	416	—	6	—	—	—	—	—	—	1	—	1	3	8	—	—	—	4	—	6	1	505
5 Bushey	8	94	—	2	197	—	13	1	—	—	—	—	—	1	1	7	63	—	—	—	—	—	—	11	1	399
6 Cheshunt	15	127	4	3	622	—	44	—	—	—	—	—	—	4	—	—	5	—	—	—	—	—	—	12	2	847
7 Chorleywood	—	37	—	—	63	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	102
8 East Barnet	19	171	2	1	804	—	12	—	—	—	—	—	—	3	—	4	—	—	152	—	—	—	—	20	7	1,195
9 Harpenden	4	14	4	3	601	—	2	—	—	—	—	—	—	1	—	—	5	—	—	—	—	4	—	7	—	640
10 Hitchin	6	59	—	4	174	—	4	—	—	—	—	—	—	1	—	—	1	—	—	—	2	—	9	3	269	
11 Hoddesdon	7	16	3	—	501	—	16	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	6	1	355
12 Letchworth	2	54	—	—	694	—	24	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	8	2	787
13 Rickmansworth	11	42	—	1	553	—	3	—	—	—	—	—	3	—	—	2	—	—	—	—	—	—	—	22	3	640
14 Royston	—	1	2	—	5	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9
15 Sawbridgeworth	1	3	—	—	93	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	103
16 Stevenage	17	106	13	12	1,012	—	2	3	—	—	1	—	—	6	—	—	3	—	—	—	—	—	—	16	3	1,200
17 Tring	—	49	1	—	18	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	69
18 Ware	3	18	—	—	141	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	163
19 Welwyn Garden City	19	96	2	6	494	—	10	178	—	—	—	—	—	—	3	4	3	—	—	—	—	—	—	9	2	826
Totals Urban .	148	1,012	45	34	7,023	—	197	189	—	3	1	—	3	27	8	57	115	8	152	—	—	12	—	150	31	9,215
Rural—																										
1 Berkhamsted	—	29	—	—	54	—	1	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	12	2	98
2 Braughing	2	30	—	—	157	—	17	—	—	—	—	—	—	3	—	—	1	—	—	—	—	—	—	1	1	212
3 Elstree	8	97	4	1	785	—	3	4	—	—	—	—	—	—	—	9	1	—	—	—	—	—	—	21	3	940
4 Hatfield	5	72	2	—	348	—	12	5	—	—	—	2	—	—	1	1	—	—	—	—	—	—	15	2	2	465
5 Hemel Hempstead	3	33	2	2	97	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	8	—	—	145
6 Hertford	2	67	—	3	283	—	3	—	—	—	1	—	—	1	—	2	1	1	—	—	—	—	1	1	2	364
7 Hitchin	15	63	2	—	246	—	9	—	—	—	—	1	—	2	1	2	1	—	—	—	—	—	—	9	3	354
8 St. Albans	9	53	1	1	433	—	—	—	—	—	—	—	—	4	1	2	—	—	—	—	—	—	—	41	3	606
9 Ware	12	23	1	1	154	—	8	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	6	—	—	207
10 Watford	36	328	8	8	1,092	—	14	38	—	—	1	—	—	—	—	11	1	1	—	—	—	—	—	51	5	1,595
11 Welwyn	2	4	1	1	158	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	173
Totals Rural .	94	799	21	18	3,807	—	67	105	—	1	2	1	3	11	1	25	7	2	—	—	—	5	—	171	19	5,159
Totals County .	384	2,222	82	67	13,175	—	311	343	—	5	4	1	10	42	11	133	125	10	152	—	—	34	—	507	70	16,688

TABLE 14.

*NATIONAL HEALTH SERVICE ACT, 1946.***Notes on Statistical Return to Ministry of Health (Form L.H.S. 27).**

Each year the Health Department completes for the Ministry of Health a Return in the form of a statistical summary of the work done in connection with the services administered under Part III of the National Health Service Act, 1946. Comment on the particular services will be found in the body of the report.

	1955.	1956.	1957.
Births :—			
Notified . . . . .	12,513	13,326	13,887
Live . . . . .	12,280	13,081	13,638
Still . . . . .	233	245	249
Premature Births :—			
Notified . . . . .	674	687	745
Born :—			
At home . . . . .	125	156	133
In nursing homes . . . . .	35	8	18
In hospitals . . . . .	514	523	594
Midwives :—			
Domiciliary :—			
Employed by local Health Authority . . . . .	107	109	125
(Representing whole-time equivalent) . . . . .	48·6	50·28	53·66
Employed by Hospital Management Committee . . . . .	6	6	6
Private Practice . . . . .	10	8	17
Institutional :—			
Employed in hospitals . . . . .	129	130	118
Employed in nursing homes . . . . .	22	14	12
Gas and Air Analgesia :—			
Midwives qualified to administer gas and air analgesia . . . . .	237	238	252
Ante-Natal Clinics :—			
Sessions per month . . . . .	63	76	82
Attendances made . . . . .	10,398	11,803	11,538
Infant Welfare Centres :—			
Sessions per month . . . . .	405	424	456
Attendances made . . . . .	180,585	196,813	210,429
Health Visitors :—			
Number employed . . . . .	124	132	155
(Representing whole-time equivalent) . . . . .	62·6	64·25	72·76
Home Nurses :—			
Number employed . . . . .	148	149	165
(Representing whole-time equivalent) . . . . .	91·5	89·67	97·82
Day Nurseries :—			
Approved places : 0-2 years . . . . .	240	194	184
2-5 years . . . . .	402	326	286
On register at 31st December : 0-2 years . . . . .	106	101	90
2-5 years . . . . .	294	207	193
Average daily attendances : 0-2 years . . . . .	88	82	75
2-5 years . . . . .	233	191	163
Home Helps :—			
Employed whole-time . . . . .	—	—	—
Employed part-time . . . . .	555	587	632
Nurseries and Child Minders Act, 1948 :—			
Premises registered . . . . .	9	14	17
Minders registered . . . . .	32	49	59
Registered Nursing Homes . . . . .	27	27	25

Administrative and Organizing Staff are not included in the above table.



## SECTION 21.—HEALTH CENTRES.

The Ministry of Health's ban on capital work by Local Health Authorities which was continued in 1957 meant that virtually no progress was made in providing the urgently needed health buildings in the County. Work was, however, allowed to proceed at Oxhey, where a Local Authority Health Centre was to be built alongside the Group Practice Surgeries of General Practitioners. Both buildings will be ready for occupation in 1958.

Occupation Centres had been excluded from the ban on capital works and approval was received in September for work to start on the new Centre for Hemel Hempstead. This building too should be ready for occupation in 1958.

Though plans for Stevenage and Hatfield had been completed and sent to the Ministry no approval for work to begin was forthcoming during the year, nor could approval be obtained to start work on an urgently needed replacement Centre at East Barnet Road, New Barnet, in spite of a deputation sent by the Health Committee to the Ministry of Health in September.

The Committee approved the provision of Dental Suites at Baldock and Letchworth. At Letchworth this was to form the first phase of a Health Centre which was to serve that area. At Ware, too, the Committee approved the purchase of land so that the first steps could be taken to provide an urgently needed dental suite.

It was found that the Health Centre at Gooseacre, Welwyn Garden City, which had been functioning for two years needed some minor adjustments in room sizes and these were very much simplified by the fact that the unit construction method had been adopted in this building.

## SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

TABLE 15.

## INFANT WELFARE CENTRE ATTENDANCES.

	No. of Centres	Sessions Held	Doctors' Attendances	No. of Children who Attended	Children's Attendances	
					Total	Average per Session
1953 . .	116	4,412	3,201	24,181	170,588	38
1954 . .	124	4,660	3,457	24,853	182,983	39
1955 . .	127	4,827	3,595	24,617	180,585	37
1956 . .	142	5,078	3,829	26,872	196,813	39
1957 . .	144	5,296	4,009	29,971	210,429	40

## DAY NURSERIES.

TABLE 16.

				Number of Approved Places at 31st December, 1957.		
				0-2 years.	2-5 years.	Total.
Barnet . .	53 Wood Street	. . .		20	50	70
Boreham Wood	Elstree Way	. . .		24	26	50
Bushey . .	London Road	. . .		30	50	80
Letchworth . .	1 Norton Way North	. . .		20	30	50
St. Albans . .	Royal Road	. . .		20	20	40
Waltham Cross	157 High Street	. . .		20	20	40
Watford . .	Leggatts Way	. . .		15	35	50
Watford . .	St. Albans Road (Beechwood)	. . .		15	35	50
Welwyn Garden City	Woodhall Lane	. . .		20	20	40
				184	286	470

The average daily attendance during 1957 was 238 (seventy-five under two years of age, 163 two to five years of age), as compared with 273 (eighty-two and 191) in 1956.

The Day Nursery at Ware closed on the 21st June and some of the children were placed in the care of Daily Minders registered under the County Council's Scheme.

When the Day Nursery at Station Road, New Barnet, closed on the 30th June, 1956, there were twenty children for whom alternative arrangements had to be made ; by the end of 1957 the number for whom the County Council were continuing to pay bus fares from New Barnet to Wood Street, Barnet, had been reduced to two.

At the 31st December, the number of staff employed was seventy-two, including twenty students, a decrease of seven since the 31st December, 1956.

Some of the Matrons have continued to help with the training of Nursery Students on the theoretical side by giving lectures to students at the Further Education Centres.

The following quarterly report of the Matron of one of the day nurseries is of interest :—

On 31st December, 1957, there were 41 children on the register. During the last three months, 24 children were admitted to the nursery, 6 of these have separated parents, 6 were in due to the confinement of their mothers, 1 is the child of an unmarried mother, 1 came in because of bad housing, and 10 came in because of the illness of their mothers. We also had 29 attendances from children who came for a day or half-day whilst their mothers attended hospital, 2 children come one morning a week fairly regularly.

#### MEDICAL INSPECTIONS.

TABLE 17.

	1956.	1957.
No. of children inspected . . . . .	635	581
No. of reinspections . . . . .	358	324

#### *Defects found.*

<i>Defect or Disease.</i>	<i>No. of Defects requiring treatment.</i>		<i>No. of Defects requiring observation but not treatment.</i>	
	1956.	1957.	1956.	1957.
Cleanliness . . . . .	—	5	2	—
Heart . . . . .	2	—	11	14
Lungs . . . . .	3	2	8	5
Eyes . . . . .	22	12	7	16
Ears . . . . .	4	1	4	7
Nose . . . . .	4	1	8	10
Throat . . . . .	5	2	24	27
Skin . . . . .	15	12	11	13
Alimentary System . . . . .	4	2	1	2
Teeth . . . . .	15	6	4	6
Nervous System . . . . .	—	1	14	11
Deformities . . . . .	17	13	31	30
Other . . . . .	18	7	4	10
Totals . . . . .	109	64	129	151

#### *Daily Minders Receiving Fees from the County Council.*

At the end of the year two Daily Minders were caring for five children, three children in the Ware district and two at Stevenage. All cases complied with the categories of admission to Day Nurseries.



Although the Health Committee gave its approval to the Scheme in Stevenage in June, 1957, and I had a good response to the advertisements in August for the registration of Daily Minders, the number of applications from parents for the placing of the children was much lower than expected. The only cases qualifying for payment under the County Council's Scheme were two children from one household.

In October, the Committee agreed to extend the Scheme to Hemel Hempstead, but although the number of applications for registration as Daily Minders was good, no applications were received from Hemel Hempstead parents in 1957.

#### OPHTHALMIC CLINICS

During the year 246 children were seen for the first time at the Eye Clinics and a further 406 attendances were made by children under five for re-examination. The Ophthalmologists prescribed spectacles in 130 cases.

#### MATERNITY AND CHILD WELFARE DENTAL SERVICE, 1957.

A greater number of staff changes than usual has taken place during the year. Seventeen dental surgeons joined the service, mostly in a part-time capacity, and nine resigned. The total at 31st December of three whole-time and thirty-two part-time officers equivalent to thirteen whole-time, approximated very closely to the corresponding total for 1956. As the establishment for the County is thirty-six full-time officers it will be noted that the service is working at substantially less than half strength. The services of these officers is shared with the School Dental Service and the average proportion of operating time given to the treatment of mothers and young children is approximately 7 per cent. It may therefore be deduced that the equivalent of just over nine-tenths of the time of one full-time officer is allocated to the inspection and treatment of the priority classes under Section 22 of the National Health Service Act.

Even with this staffing difficulty it is continually borne in mind that where the expectant mother attends the local authority clinic for her ante-natal care, facilities for dental supervision should be made available wherever possible. The probable future employment of dental ancillary workers may go some way towards alleviating the position, as this new proposed type of ancillary worker could give valuable assistance in the field of conservative dentistry for the pre-school child, a field in which at present a small proportion of saveable teeth are conserved owing to the limitations brought about by the present staffing position.

Reference to the statistical table included in this report shows that the demand for attention from expectant and nursing mothers is not very high at present. This is partly due to the fact that the service is not able to offer full treatment to this section of the priority group. Under the present arrangement mothers are unable to obtain dentures through the County Council's clinics. Development of the service within the course of the next year or so, should therefore be aimed at providing full treatment for the expectant and nursing mothers who wish to avail themselves of the County Dental Service. Particulars of the work carried out during 1957 are set out below :—

#### *Expectant and Nursing Mothers.*

Number of mothers examined . . . . .	74
Number of mothers needing treatment . . . . .	73
Number of mothers treated . . . . .	64
Number of mothers made dentally fit . . . . .	20
Number of attendances for treatment . . . . .	119
Scalings and gum treatment . . . . .	18
Fillings . . . . .	58
Extractions . . . . .	36
General anæsthetics . . . . .	6



*Children under 5.*

Number of children examined . . . . .	1,085
Number of children needing treatment . . . . .	944
Number of children treated . . . . .	803
Number of children made dentally fit . . . . .	688
Number of attendances for treatment . . . . .	1,678
Scalings and gum treatment . . . . .	3
Fillings . . . . .	972
Silver nitrate treatment . . . . .	286
Extractions . . . . .	761
General anæsthetics . . . . .	388

## CARE OF THE UNMARRIED MOTHER AND HER CHILD.

The problem of unmarried mothers and the number brought to our notice appears to remain at a fairly consistent level from year to year, though over the years it is interesting to notice subtle differences in the nature of the problem to the individual concerned. Rarely now is the irate and deeply shocked parent met with, and the situation is more normally regarded from the materialistic angle than from that of morals, i.e. the difficulty of accommodation and of either mother or grandmother giving up earning to care for the new baby. The girl who tells us that she and the young man intend to marry but cannot as yet afford it, or cannot marry because they have no home and therefore the baby must be adopted, is not uncommon—but fortunately such ideas are often changed when the baby arrives and living standards adapted to meet the circumstances. Quite a large number of the girls we meet seem to drift into casual relationships which land them in trouble, but in which the man concerned appears to mean little to them even though he may be prepared to accept some responsibility, and in several cases offers of marriage have been refused by the mother. In other cases girls have had sound expectations of marriage but have been deserted often at the last minute ; in three such cases actual wedding arrangements had been made when the young man changed his mind. The girls rarely show vindictiveness for their predicament and often little interest in the question of affiliation, unless prompted by their parents or urged by the Worker. Among all these human problems, all requiring different individual handling, it is heart warming to meet the girl or boy who has a really deep feeling for his or her partner, though less common than might be supposed ; sometimes a young couple will both come to discuss their situation with the Almoner with perhaps either the boy or girl anxious to marry—it is of course a very delicate situation to advise either way but an all-round talk with an impartial adviser does seem to help them form their views, and in two such cases marriage has subsequently taken place after the baby's arrival.

It is a truism to say that the common denominator of all types of unmarried mother is love for the baby and a desire to keep the child if anyhow possible, once it has arrived, and although adoption is invariably asked for before the baby's birth, and adhered to in a small proportion of cases subsequently, it is I believe almost always a real sacrifice on the mother's part, from the highest motives of what is best for the child when it eventually takes place.

As regards adopting parents, they do, I think, now take a bigger risk than formerly of the mother changing her mind and wanting her child back, since with more and better houses and all the facilities of the Welfare State it is seldom quite impossible for a girl to keep her baby if she feels she cannot face a final parting.

With a perennial rise in living costs generally, it is not surprising that most Mother and Baby Homes have had to increase their charges, in view



of which it seems that very careful scrutiny should be given of real need for admission and likelihood of benefit to the mother. The fact that a girl is not married is by no means an indication that she must inevitably enter a Home unless she is without adequate accommodation or the Home can provide training which may help her ; it is arguable that in some cases a decent girl in a good home with kindly parents is better to remain there in pregnancy, though the majority of those whose plans for the baby are indefinite are probably better in a Home post-natally where they can sort out their ideas and problems away from family influence and with expert help. I should like to stress once more the need, occasional but none the less real, of an improved substitute for the vanished " Institution "—a need not met by Part III accommodation. The homeless mother of poor intellect and ability is often a very good mother in the infant period but unable to cope with buying and cooking her own food as in present Part III accommodation, combined with the care of her child. But in some accommodation where she is provided with board and lodging and can work under supervision and have the baby with her, she could often manage very well up to the toddler stage, by which time she will often find the care of an older child beyond her powers and be more willing to relinquish it. Under present conditions there is little alternative for this unfortunate type to parting from her baby in infancy.

Ten Hungarian unmarried mothers have been encountered, for the most part in the North Hertfordshire area. Although there have been alarms and excursions as to plans for their care, little action on our part has in fact been required ; the majority are accommodated with their children in a Hostel where arrangements have been made for confinements to take place, and in two cases elsewhere in the county where it was thought post-natal accommodation under County arrangements would be necessary the mothers have, through the good offices of the Red Cross, been able to find accommodation for themselves.

#### CHILD DEVELOPMENT CLINIC.

A happy relationship between parents and children including those of very tender years forms the basis of a stable family life. It is therefore of the greatest importance that every effort should be made to sustain this relationship by any means available to this Service.

The Medical Officers and Health Visitors at the Infant Welfare Centres and the Visitors in their calls to the homes where there are children under five years have this need very much in mind. In addition, however, in Welwyn Garden City a special Clinic is held weekly by the Senior Psychiatric Social Worker from the Child Guidance Service to which is directed by the Assistant County Medical Officers and Health Visitors a number of mothers who have acute problems with their children.

These problems, as will be seen from the table below, are mainly behaviour problems and the mothers have been very appreciative of the advice and support given to them in their endeavours to cope properly with their young children. A difficult infant or toddler can be a quite upsetting member of a household.

*1st April, 1957–31st December, 1957.*

Number of cases—Old . . . . .	24
New . . . . .	32
	—
Total . . . . .	56
	—
Total number of interviews (including 14 after-care)	227

*Presenting Symptoms.*

Antagonistic and aggressive behaviour . . . . .	18
Tempers . . . . .	10
Sleep disturbances . . . . .	5
Crying and whining . . . . .	4
Timidity . . . . .	4
Enuresis . . . . .	5
Bowel difficulties . . . . .	2
Feeding difficulties . . . . .	1
Backwardness . . . . .	1
Habit disorders (nail biting, etc.) . . . . .	4
Stealing . . . . .	1
Parental outlook faulty . . . . .	1
	<hr/> 56

*Source of Referral.*

Health Visitors . . . . .	33
A.C.M.O. . . . .	10
General Practitioners . . . . .	9
School Medical Officer . . . . .	2
Child Guidance Clinic . . . . .	1
Child Care Officer . . . . .	1
	<hr/> 56

*Discharges.*

Improved . . . . .	26
Lapsed attendances . . . . .	8
Refused follow-up appointments . . . . .	6
Referred to Child Guidance Clinic . . . . .	7
Discharged but may need Child Guidance later . . . . .	1
Referred back to Child Care Officer . . . . .	2
Mother referred back to private doctor . . . . .	1
	<hr/> 51
Current cases . . . . .	5
	<hr/> 56

## WELFARE FOODS.

The following tables show the total and quarterly issues of Welfare Foods during 1957 : —

TABLE 18.  
ISSUES OF WELFARE FOODS, 1957.

	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin A and D Tablets Packets	Orange Juice Bottles
Issued to beneficiaries against coupons . . . . .	198,467	82,059	45,318	798,137
Issued to hospitals and day nurseries . . . . .	1,714	701	42	3,065
Totals . . . . .	200,181	82,760	45,360	801,202

## QUARTERLY ISSUES, 1957.

Quarter	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin A and D Tablets Packets	Orange Juice Bottles
January to March . . . . .	62,563	26,189	11,907	187,750
April to June . . . . .	47,966	18,380	11,348	228,281
July to September . . . . .	45,659	16,667	10,927	221,145
October to December . . . . .	42,279	20,823	11,136	160,961
Totals . . . . .	198,467	82,059	45,318	798,137



### Issues.

The price of National Dried Milk was increased from 10½*d.* to 2*s.* 4*d.* per tin from April, 1957. As a result of this increase in price there was a decrease of approximately 20 per cent in issues compared with 1956.

From November, 1957, children from two to five were no longer entitled to receive orange juice through the Welfare Foods Service. The effect of this reduction in the number of children eligible to receive orange juice will not be fully shown until next year.

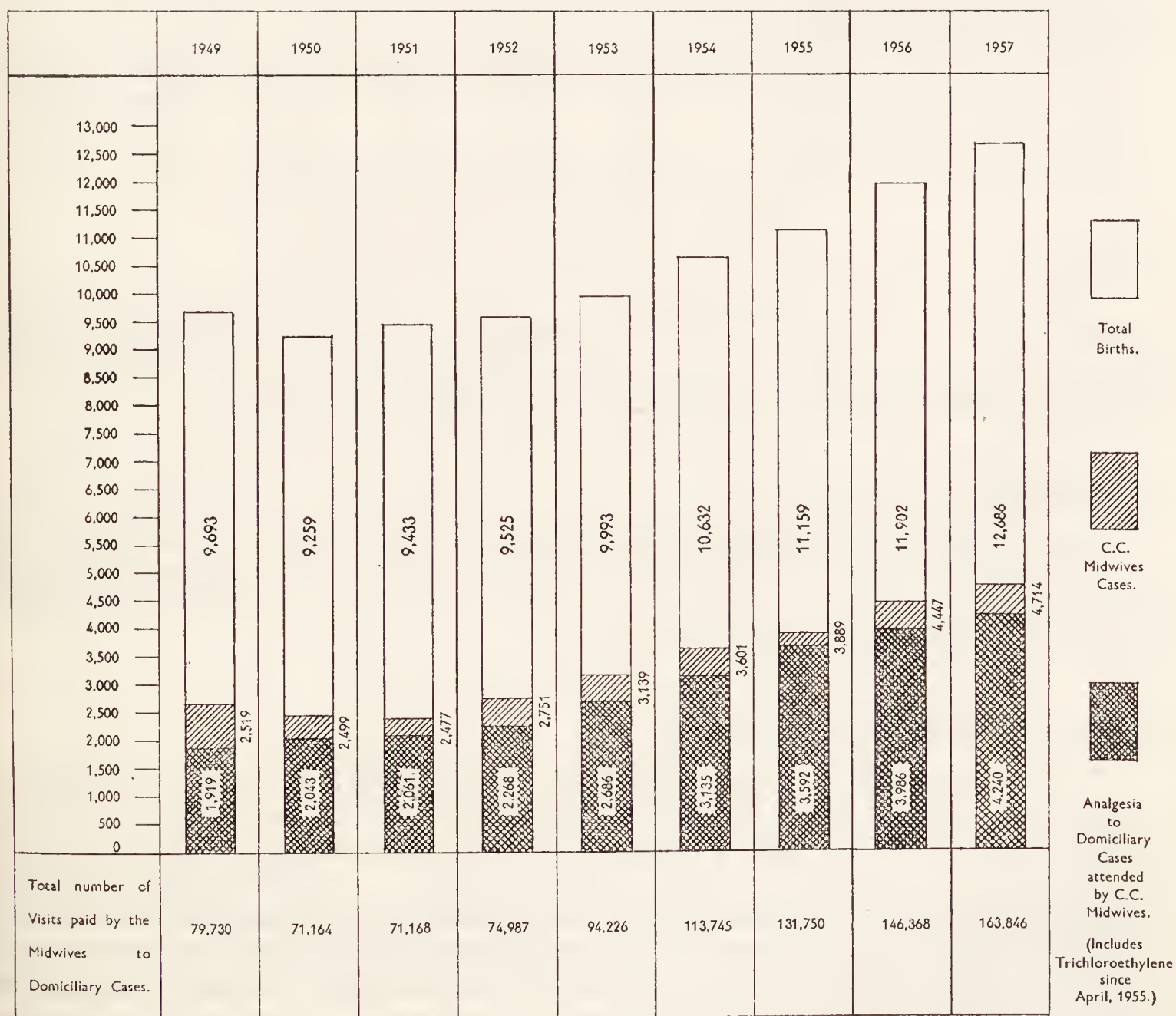
The issue of Welfare Foods to the public continued to be carried on by voluntary effort, to whom our thanks should again be given.

Of the 194 Centres, it has only been necessary to employ paid staff at 10 per cent of them.

### SECTION 23.—MIDWIFERY.

As will be seen from the following table, the County Council midwives attended 4,714 confinements of Hertfordshire mothers, 526 of which were Watford domiciliary midwives' cases. In addition, 38 cases were attended by private Midwives.

TABLE No. 19.





Since 1954 birth statistics have been kept showing the number of births attributable to each domiciliary midwifery area, and in the New Town and other rapidly expanding areas the increase in total births and domiciliary births is shown as follows :—

		1954.	1955.	1956.	1957.	1957. % Domiciliary.
<i>Boreham Wood and Elstree</i>	Total	409	406	479	578	
	Domiciliary	182	201	224	239	41·2
<i>Cheshunt Urban District</i>	Total	382	387	455	488	
	Domiciliary	174	181	210	212	43·4
<i>Hatfield</i>	Total	284	312	332	473	
	Domiciliary	74	107	125	159	31·5
<i>Hemel Hempstead</i>	Total	691	785	877	1,004	
	Domiciliary	265	302	351	418	41·6
<i>Stevenage</i>	Total	428	524	698	804	
	Domiciliary	219	283	404	472	58·5
<i>Watford and Oxhey</i>	Total	1,422	1,393	1,424	1,387	
	Domiciliary	511	512	552	513	36·9
<i>Welwyn Garden City</i>	Total	420	485	622	668	
	Domiciliary	109	140	219	214	32·0

The number of home confinements, expressed in terms of percentage of total confinements attributable to the County for the four-year period 1954–57, is : 1954—34 per cent ; 1955—35 per cent ; 1956—37 per cent ; 1957—37 per cent. The comparable figure for the year 1949 is 26 per cent.

#### *Dangerous Drugs Regulations, 1954.*

The following Table shows the percentage of patients who were given Pethidine during labour :—

	1952.	1953.	1954.	1955.	1956.	1957.
H.C.C. domiciliary midwives	44·2	38·5	39·0	49·7	46·9	46·6
H.M.C. domiciliary midwives	20·3	19·8	35·4	29·2	32·0	38·0
Private domiciliary midwives	39·5	30·6	33·3	29·8	40·5	52·6

#### *Ophthalmia Neonatorum.*

Ten cases were notified during the year, two being home confinements and seven in respect of hospital cases normally resident outside the County. None of the three children resident in Hertfordshire had vision impaired, and all were considered to be satisfactory at the end of the year.

#### *Post Graduate Courses.*

One Divisional Nursing Officer attended the Supervisor of Midwives post graduate course in London. Midwives are required to attend an approved post graduate course every five years. During the year 27 midwives attended a week's course at a residential school.

#### *Instruction in Relaxation Exercises.*

For many years we have enjoyed the privilege of sending interested midwives to receive instruction in relaxation exercises but until 1957 relatively few of the midwives availed themselves of this privilege. With the kind co-operation of the Matron and Physiotherapist of the General Lying-in Hospital in London, the domiciliary midwife attends the Hospital for instruction in relaxation exercises two full days a month. It is hoped that soon all midwives will be able to assist every ante-natal patient in the art of relaxation which is to her benefit when in labour.

TABLE 20.

*Analgesia in Domiciliary Midwifery.*

## USE OF INHALATION ANALGESICS IN DOMICILIARY PRACTICE.

Number of domiciliary midwives, (a) practising in the area at end of year, (b) qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (a) (b)		Number of domiciliary confinements attended by midwives :—		Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year :—			
		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child			When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child	
						Gas and air	“ Tri-lene ”	Gas and air	“ Tri-lene ”
* 148	140	1,072	3,680	118	6	901	107	3,018	234

\* *Note.*—Seven of the 17 midwives employed in private practice were not trained in gas and air analgesia and one of the Local Health Authority Midwives was not trained.

*Staff and Training of Pupil Midwives.*

The total number of domiciliary midwives on the staff at the 31st December was 131, representing the equivalent of 59·66 full-time midwifery staff, including the six full-time midwives employed by the Hospital Management Committee in the Watford area. The corresponding numbers for 1956 are : 115—56·28 and 6.

Fifteen full-time midwives and fourteen District Nurse/Midwives on the staff at the end of the year were approved for district teaching. One hundred and thirteen pupil midwives completed the three months' district training during the year, the students coming from the following Part II Training Schools :—

Bushey Maternity Hospital.  
St. Paul's Hospital, Hemel Hempstead.  
North Herts Maternity Hospital, Hitchin.  
Watford Maternity Hospital.  
Welwyn Garden City Maternity Hospital.

*Ambulance Service—Emergency Child Birth.*

The Ambulance Officer reports that seven births have taken place in ambulances ; all being attended by ambulance men only.

There were twenty-two deliveries in the homes of patients booked for hospital confinement, either before or after the arrival of the ambulance. Of this group four deliveries were assisted by ambulance men only.

Of the total of twenty-nine deliveries assistance either by doctor and/or midwife was given :—

(a) <i>Doctor</i> —					
Before birth	.	.	.	.	2
After birth	.	.	.	.	6
(b) <i>Midwife</i> —					
Before birth	.	.	.	.	4
After birth	.	.	.	.	16

*The Hertfordshire Show.*

An effective display was arranged at the Hertfordshire Show depicting a bedroom scene of midwifery 100 years ago compared with the present day showing the modern midwife and the advantages available to her and the patient.



## SECTION 24—HEALTH VISITING.

The number of staff employed on health visiting work (including those wholly engaged in tuberculosis work) at the 31st December, 1957, was 155, being equivalent to 72·76 full-time Health Visitors. The corresponding figures for 1956 were 132 and 64·25. All our Health Visitors are also School Nurses and the number of officers engaged whole-time on Health Visiting/School Nursing is 144, though this figure is not one which appears in the official return to the Ministry. Seven students completed the Health Visitors training under scholarship (three as part of the combined District Nurse/Health Visitor training). Three commenced Health Visitors training and three others commenced training as Queen's Nurse/Health Visitors.

Health Visitors paid 164,639 home visits to nursing and expectant mothers, children under five years of age, the aged and chronic sick and other special visits not categorized. 1,793 of these visits were to children under five years of age placed with foster-parents with a view to adoption or under Child Life Protection Regulations and in respect of whom Health Visitors reports were passed to the Children's Officer. 53,487 children under five years of age were visited in 1957 (46,451 in 1956).

The attendances made by Health Visitors at clinic sessions and instructional classes totalled 11,043.

Child Welfare Centres . . . . .	6,903
Ante and Post Natal Clinics . . . . .	2,090
Tuberculosis Clinics . . . . .	4
B.C.G. vaccination sessions . . . . .	133
Smallpox vaccination sessions . . . . .	19
Diphtheria immunization sessions . . . . .	274
Poliomyelitis vaccination sessions . . . . .	1,112
Mothers Clubs . . . . .	465
Day Nursery medical inspections . . . . .	43

In addition the Health Visitors attended 150 meetings of clubs for the aged.

It will be noted that the Health Visitors attendances at poliomyelitis vaccination sessions totalled 1,112. This number would have been much greater had not part-time general nurses and clerical help been available, but even so it has interrupted some of the Health Visitors previous routine work. The special syringe technique and general management of the vaccination sessions has made it possible to deal with 200–360 children in a full session and, therefore, reduced the amount of time which the Health Visitors would otherwise have had to spend on this work.

### *Post Graduate Courses.*

One Divisional Nursing Officer attended the post graduate course for Superintendent Health Visitors. Six Health Visitor/School Nurses and one nurse engaged on generalized duties spent two weeks at a residential course for Health Visitor/School Nurses.

## SECTION 25.—HOME NURSING.

At the 31st December, 165 Nurses were employed on home nursing duties representing an equivalent whole-time Home Nursing staff of 97·82.

- 23 were engaged full-time on this branch of the work.
- 30 part-time staff engaged wholly on Home Nursing work.
- 71 on Home Nursing and Midwifery work.
- 41 on Home Nursing, Midwifery, Health Visiting, and School Nursing work.

The table below shows no marked difference in the type of case attended and although the Nurses attended 1,758 cases less than in 1956 the number of visits made increased by 3,903. This is probably due to many more cases having hypodermic injections, which are often given twice daily.

TABLE NO. 21.  
HOME NURSING.

	1953	1954	1955	1956	1957
Total cases . . . . .	18,601	18,041	17,671	17,255	15,497
Total visits . . . . .	287,961	298,211	307,441	292,788	296,691
Analysis of visits (per cent to total)—	%	%	%	%	%
Medical . . . . .	76.7	77.0	79.0	81.1	81.1
Surgical . . . . .	18.9	18.5	15.5	14.0	13.29
Infectious disease . . . . .	0.2	0.1	0.1	0.2	0.01
Tuberculosis . . . . .	2.8	3.2	4.3	3.6	4.4
Maternal complications . . . . .	0.2	0.2	0.1	0.3	0.3
Others . . . . .	1.2	1.0	1.0	0.8	0.9
Visits to patients over 65 years of age	49.6	51.0	59.0	60.9	61.9
Visits to patients under 5 years of age	3.4	1.8	1.4	1.4	1.1

TABLE NO. 22.  
TYPE OF CASES AND VISITS PAID BY HOME NURSES.

	1957							1956
	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Totals	Totals
Cases .	11,149	2,311	81	490	104	1,362	15,497	17,255
Visits .	240,512	39,427	433	12,894	781	2,644	296,691	292,788

There has been an adequate number of nurses available for carrying out general nursing duties in the county, so that the nursing care of the chronic sick has been satisfactory within the limitations of a daily visiting service which excludes night nursing. Where the circumstances are such that the Home Help Service and the Home Nursing Service are sufficient for the needs of the patients, admission to hospital is often delayed or even avoided.

#### *Care of the Aged and Chronic Sick.*

The arrangements with the Hertford Hospital Management Committee regarding the supervision of cases on the list for admission to Western House and the admission to hospital of chronic sick and semi-chronic sick cases for short-stays continued to work satisfactorily.

#### *District Training.*

During the year 14 students completed a Queen's Nurse/District Training course under scholarship terms—11 at the Watford Home and 3 at London Homes. Including the 11 students from Watford, 28 Queen's Nurse trainees were placed with Nurses in rural areas in Hertfordshire for three days experience of work in country districts.

#### *Post Graduate Course.*

No Nurse attended a post graduate course during 1957 as all the nurses engaged full-time on home nursing work had either attended a course or completed general training within the last four years. In view of the high proportion of District Nurse/Midwives who must be released annually to enable each Midwife to attend a Midwifery post graduate course every five years, the increase in annual leave, and with the problem of staff vacancies,



it is becoming increasingly difficult to allow District Nurse/Midwives and Nurses engaged on generalized duties time off to attend Refresher Courses on Home Nursing although the latter is desirable.

The Assistant Superintendent of the Watford Training Home attended a three-day study course arranged by the Queen's Institute of District Nursing.

*Visit by Eastern Federation of Queen's Institute of District Nurses.*

On 26th September, 1957, the Health Committee invited the Eastern Federation of the Queen's Institute of District Nurses to visit the County. The Federation held their annual meeting at County Hall, following which they were entertained to lunch. In the afternoon a visit was paid to Boreham Wood Health Centre and Day Nursery.

## SECTION 26—VACCINATION AND IMMUNIZATION

	At Clinics	By Private Doctors	Total
<i>Smallpox Vaccinations—</i>			
Primary . . . . .	3,790	5,768	9,558
Re-vacs. . . . .	105	1,655	1,760
	3,895	7,423	11,318
<i>Diphtheria Immunizations—</i>			
Primary . . . . .	1 998	772	2,770
Boosters . . . . .	3,627	853	4,480
	5,625	1,625	7,250
<i>Whooping Cough Immunizations—</i>			
Primary . . . . .	1,708	404	2,112
Boosters . . . . .	45	11	56
	1,753	415	2,168
<i>Combined Diphtheria/Whooping Cough Immunizations—</i>			
Primary . . . . .	3,502	4,035	7,537
Boosters . . . . .	320	748	1,068
	3,822	4,783	8,605

The above Table shows the number of persons who were immunized against whooping cough and diphtheria and vaccinated against smallpox in 1957.

TABLE 23.  
SMALLPOX VACCINATIONS.

Year	Primary		Revaccinations	Total during year	No. of live births during year	Percentage vaccinated under one year of age
	Under one year of age	Over one year				
1948	2,400	324	563	3,287	9,756	24·6
1949	2,562	560	966	4,088	9,236	27·7
1950	3,434	1,128	1,737	6,299	9,085	37·8
1951	3,924	1,804	3,004	8,732	9,225	42·5
1952	3,979	1,225	1,772	6,876	9,341	42·6
1953	4,330	945	1,323	6,598	9,811	44·2
1954	4,827	1,165	855	6,847	10,424	46·3
1955	5,163	940	825	6,928	10,874	47·5
1956	6,316	1,055	1,023	8,394	11,792	53·6
1957	7,284	2,274	1,760	11,318	12,538	58·1

## DIPHTHERIA IMMUNIZATION.

Year.	Number of Children who completed a Full Course of Primary Immunization.		Number given a Reinforcing Injection.
	Under 5 years of age.	Over 5 years of age.	
1949 . .	7,047	1,449	5,946
1950 . .	6,319	1,037	6,610
1951 . .	7,527	1,015	8,102
1952 . .	6,796	856	8,402
1953 . .	6,560	945	8,117
1954 . .	8,835	901	8,093
1955 . .	6,781	815	5,671
1956 . .	10,768	846	7,338
1957 . .	9,646	661	5,548

## POLIOMYELITIS VACCINATION.

It is hoped that the year 1957 may be looked back on as the year which was particularly difficult for poliomyelitis vaccination, both for the parents of the waiting children and for the planning of the campaign with long waiting lists and irregular and insufficient supplies of vaccine. At the end of 1956, there were 35,200 children awaiting vaccination, a figure considerably higher than average in the country as a whole as our acceptance rate was 42 per cent as against a national average of 29 per cent.

In June, 1957, there was the first extension of the scheme, children born in 1955 and 1956 being added to the original 1947-1954 age groups. In November there was a second extension to include children up to the age of fifteen and expectant mothers and certain priority categories. In November, too, British vaccine was augmented by supplies of double-tested Salk Vaccine.

During 1957, 31,215 were given two injections and a further 2,943 one injection bringing our total for the county up to 38,094 since the scheme began in the spring of 1956.

It has been possible to deal with large numbers at poliomyelitis sessions thanks largely to the special apparatus and drill referred to in my last year's report. In one Division where this technique is rigidly adhered to, where premises are excellent and where the staff have been working as a team for over a year as many as 360 children have been vaccinated at one session. It may be argued that to arrive at this very high figure it is necessary to pass the children through at high speed on a "conveyor belt" system without having any regard to the children's feelings, but the numerous letters of thanks and congratulations received from parents attending these sessions show that it has been possible to avoid this soulless approach.

Throughout the county the extra work has been cheerfully accepted as it is regarded as a worthwhile effort by all concerned. An increasing number of the General Practitioners have played a notable part in getting children vaccinated.

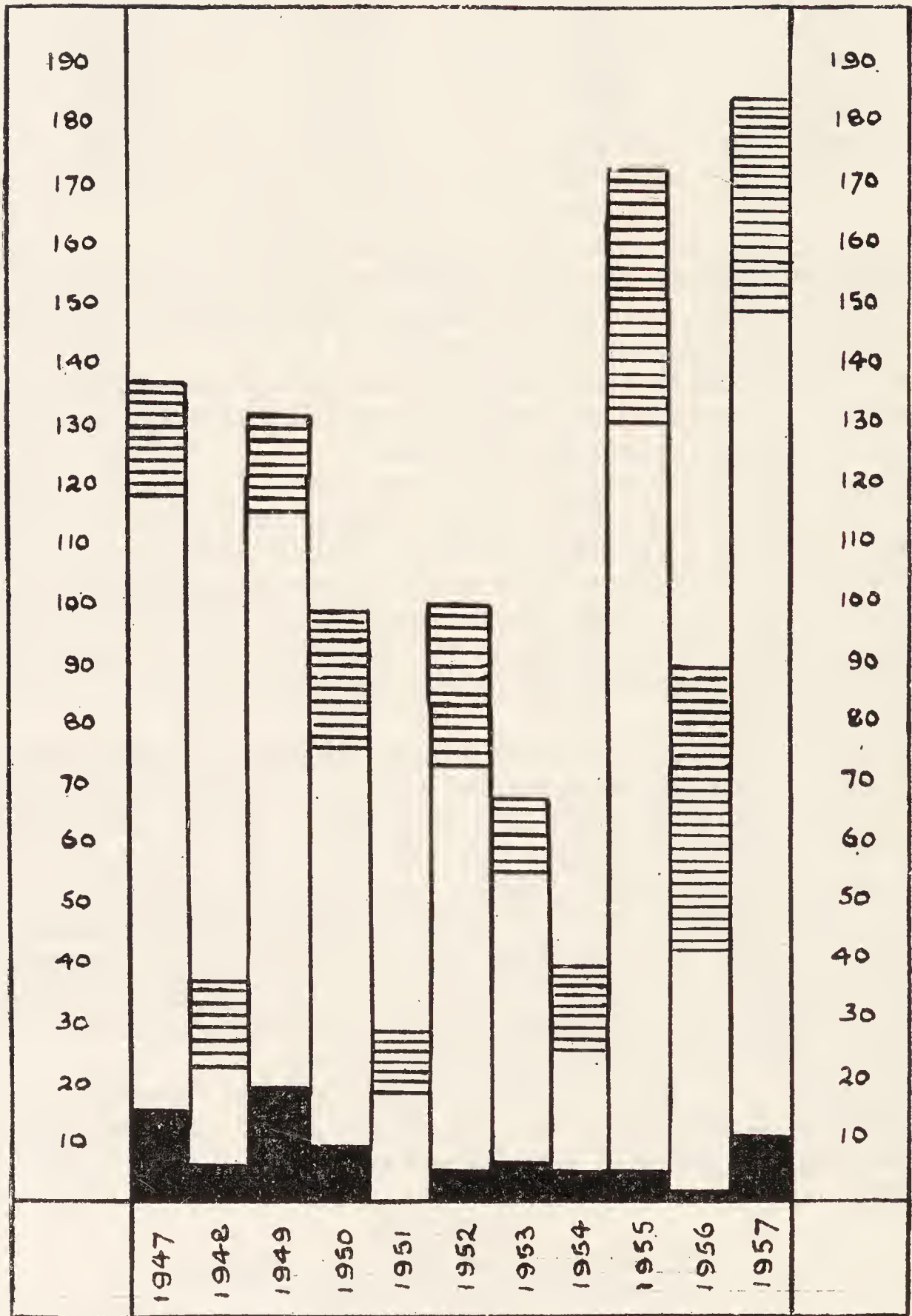
TABLE 24.  
POLIOMYELITIS—CASES AND DEATHS.


Year	Population	Confirmed cases		Deaths
		Number	Rate per 1,000 population	
1947 . .	570,719	118	0.21	14*
1948 . .	587,800	23	0.05	5*
1949 . .	596,010	116	0.19	19*
1950 . .	606,640	77	0.13	10
1951 . .	618,700	19	0.03	—
1952 . .	633,700	74	0.12	4
1953 . .	651,500	57	0.09	5
1954 . .	671,700	25	0.04	4
1955 . .	692,000	130	0.19	4
1956 . .	715,000	42	0.06	1
1957 . .	739,800	149	0.20	10


\* For the years 1947-49 the number comprises deaths from Poliomyelitis and Polio-Encephalitis.




## POLIOMYELITIS, 1947-1957.

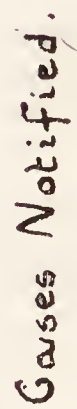


Cases  
Notified 

Cases  
Confirmed 

Deaths. 

This graph does not take into account the rapid increase in population in the County since 1947. The figures in table 24 show a truer comparison.



Gases Confirmed.





## SECTION 27—AMBULANCE SERVICE.

There has been a slight reduction in the demands on the Ambulance Service, the first to be recorded since July, 1948, when the free service under the National Health Scheme came into operation. This is encouraging, particularly in view of the rise in population of the County during the past year (estimated 25,000), and the fact that the reduction is applicable to hospital removals only, might indicate that there has been a decrease in the number of out-patient attendances. The graph on page 36 shows the trend in the demands on the Service during the past five years.

It will be seen that there has been a substantial increase in the number of emergency cases, principally accidents (see Table 25). Details of the number of patients conveyed each month during 1956 and 1957 are shown in Table 27:—

TABLE 25.

	1948 6 Mths.	1949	1950	1951	1952	1953	1954	1955	1956	1957
Accidents . .	1,273	3,177	3,560	3,960	4,236	4,574	4,855	5,448	5,659	6,232
Sudden illness . .	1,398	3,298	2,971	2,584	2,387	1,930	1,659	1,766	1,795	2,150
Maternity . .	1,639	3,650	3,547	3,691	3,784	3,654	3,788	3,915	3,820	4,029
Totals . .	4,310	10,125	10,078	10,235	10,407	10,158	10,302	11,129	11,274	12,411

During 1956 the number of patients carried by the directly provided service showed an increase of 5 per cent over the previous year, with an increase in mileage of 2 per cent. In 1957 the number of patients carried shows an increase of 0·85 per cent, with an increase in mileage of 1·17 per cent.

The following table shows the number of patients carried and the mileage involved in respect of the directly provided service, Hospital Car Service, and the isolation ambulances for the years 1956 and 1957.

TABLE 26.

	1956	1957	Increase or Decrease
<i>Patients.</i>			
Directly provided Service . . .	212,662	214,475	Increase 1,813
Hospital Car Service . . .	25,086	19,502	Decrease 5,584
Isolation Ambulances . . .	3,193	2,462	Decrease 731
<i>Mileage.</i>			
Directly provided Service . . .	1,399,041	1,415,436	Increase 16,395
Hospital Car Service . . .	395,011	337,009	Decrease 58,002
Isolation Ambulances . . .	6,206	5,720	Decrease 486

The directly provided service shows an increase in the average number of miles per patient from 6·58 to 6·60 and a decrease in the average number of patients per journey from 3·40 to 3·31. As will be seen in Table 26, there is a further reduction in the number of patients carried by the Hospital Car Service, with a corresponding decrease in mileage, and this is due to the continued policy of using the ambulance sitting case vehicles to their full capacity.

TABLE 27

DETAILS OF PATIENTS CONVEYED EACH MONTH.

1956.

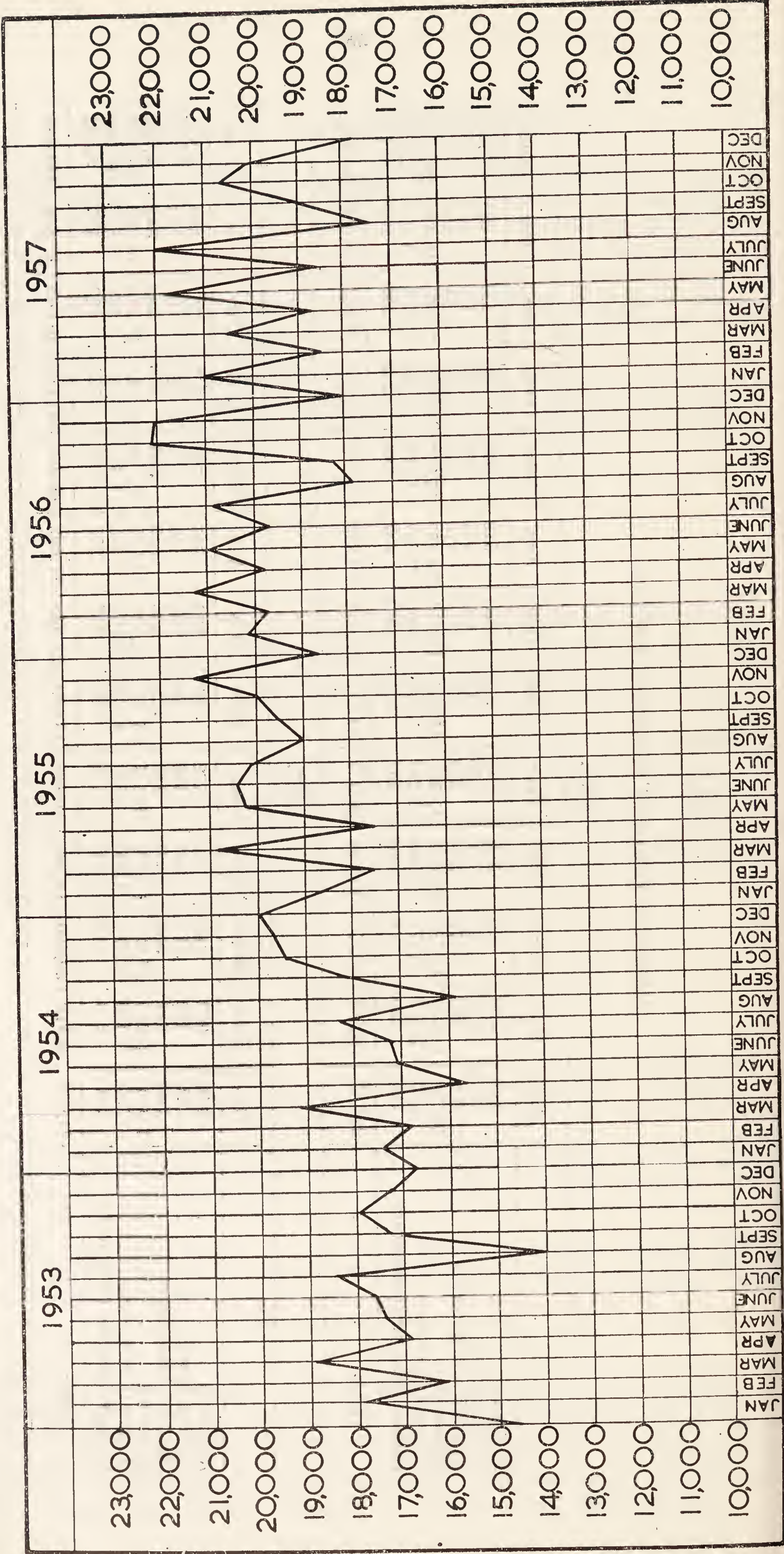
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents . . . . .	448	380	420	390	545	460	529	518	548	466	475	480	5,659
Sudden Illness . . . . .	157	115	132	138	158	147	162	151	144	163	167	161	1,795
Maternity Removals . . . . .	319	343	373	353	329	290	314	310	315	302	266	306	3,820
Removals . . . . .	16,741	16,567	17,789	16,667	17,391	15,861	17,214	14,457	15,277	18,947	19,064	15,413	201,388
Hospital Car Service . . . . .	2,182	2,083	2,274	1,965	2,234	2,728	2,365	2,207	1,764	2,037	1,752	1,495	25,086
Isolation Hospital (Removals) . . . . .	320	269	284	295	297	251	260	237	244	228	279	229	3,193
Totals . . . . .	20,167	19,757	21,272	19,808	20,954	19,737	20,844	17,880	18,292	22,143	22,003	18,084	240,941

1957.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents . . . . .	389	307	465	512	572	686	622	595	503	507	507	567	6,232
Sudden Illness . . . . .	169	150	183	165	180	196	180	168	162	223	184	190	2,150
Maternity Removals . . . . .	354	327	358	333	340	329	335	322	358	333	296	344	4,029
Removals . . . . .	18,078	15,965	17,839	15,893	19,017	15,793	18,727	14,627	16,139	17,746	17,278	14,962	202,064
Hospital Car Service . . . . .	1,777	1,469	1,633	1,688	1,529	1,418	1,964	1,485	1,614	1,752	1,586	1,587	19,502
Isolation Hospital (Removals) . . . . .	309	200	148	160	178	237	217	205	210	228	192	178	2,462
Totals . . . . .	21,076	18,418	20,626	18,751	21,816	18,659	22,045	17,402	18,986	20,789	20,043	17,828	236,439



AMBULANCE CALLS SINCE 1953.





## SECTION 28.—*PREVENTION OF ILLNESS, CARE AND AFTER-CARE.*

The Minister in his direction to Local Health Authorities in respect of this Section of the Health Act only made its application to tuberculosis a duty upon these Authorities. Thus during the past ten years the bulk of the care and after-care work has been directed at those suffering from this disease.

Much has been done, but it will be seen that, although at times in the last few years hopes of a speedy removal of tuberculosis from the infectious disease field have been raised, the Chest Physicians as a whole do not feel that there can yet be any lessening in the vigour of the attack upon it.

Present-day treatment and the improved standard of living have had their effect on the mortality rate and, as Tables 29 and 30 show, the death rates for both pulmonary and non-pulmonary tuberculosis have remained low.

However, there was an increase in the number of new cases notified in Hertfordshire in 1957; an increase sufficient to raise the attack rate per 1,000 of population slightly higher than that for the previous two years.

The number of cases of tuberculosis coming into the County as "transfers" continued to fall in 1957. Letchworth and its Training Centre received the most, but the New Towns of Stevenage and Hemel Hempstead had also quite a large number. The total number of new and imported cases during the year was 578 and 446 respectively compared with 499 and 493 in 1956.

Although it was possible to increase the staff of Tuberculosis Visitors centred on the Chest Clinics, there were vacant posts in the Almoning Service. It was intended that the County Council's Almoners should work in the clinics and in the domiciliary field and not in the hospital wards, but a shortage of Almoners in the hospitals, too, and the need to obtain information on the patients took the County staff into the wards. The Hospital Committees have now been approached in the hope that, if they are agreeable, the appointment of Almoners serving both the Hospitals and the Health Authority would provide a field of work sufficiently attractive to enable the vacant posts to be filled.

Modern chemotherapy rendering patients non-infectious much earlier than formerly and better housing conditions stopped the demand for garden shelters for the tuberculous man or woman who was required to live apart from the rest of the family. At the end of the year only eight were in use.

The nursing requisites—bedsteads, mattresses, backrests, etc.—made available on loan were also not being requested in the numbers of previous years; another indication of the improvement in the infectious state of the patients and of the shorter period of treatment.

It is regretted that some other chest conditions are increasing in frequency but, although the time of the County staff at the clinics is now being fully occupied with these new patients, they, at least, are not infectious and are thus more easily cared for.



TABLE 28. TUBERCULOSIS 1957.

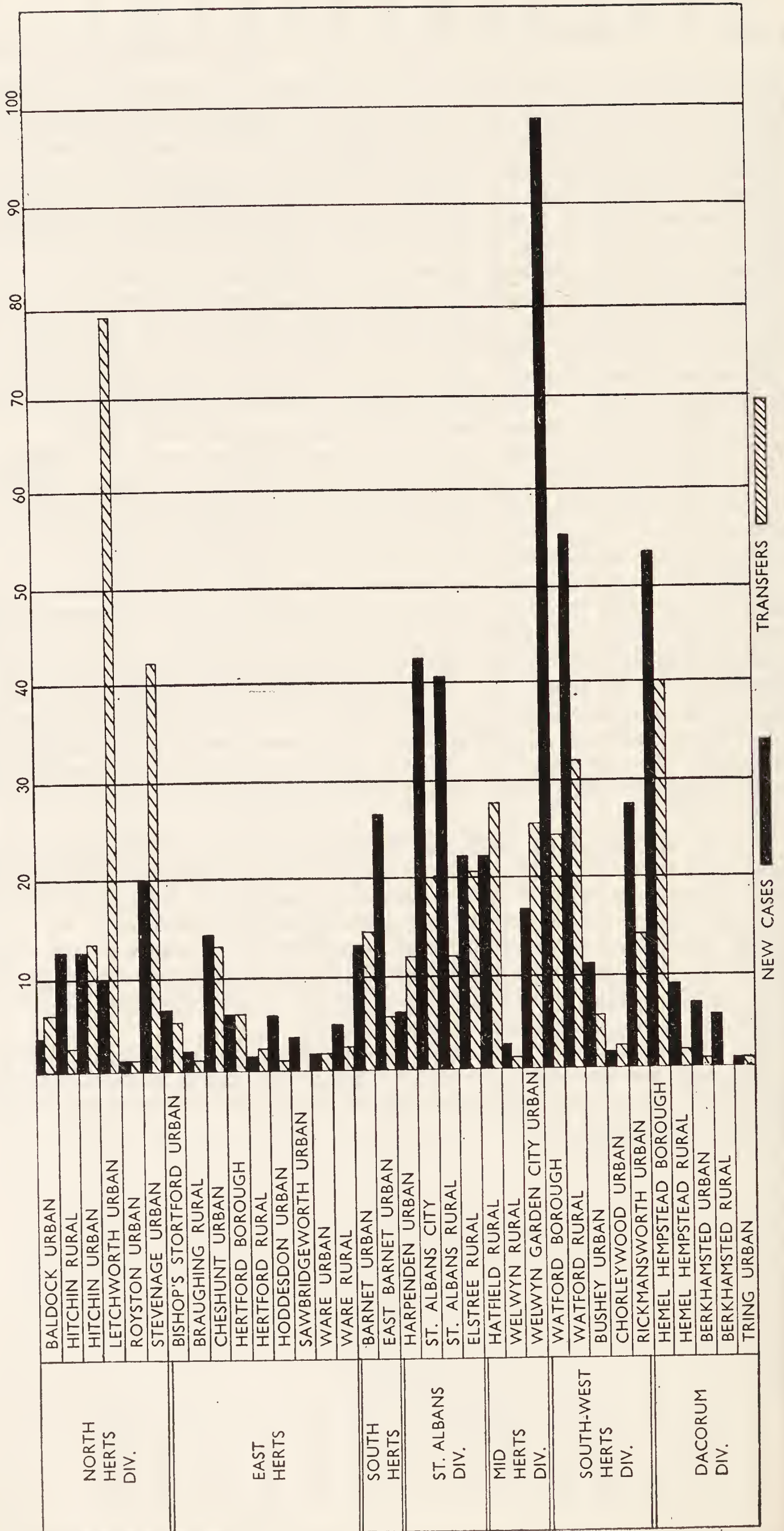
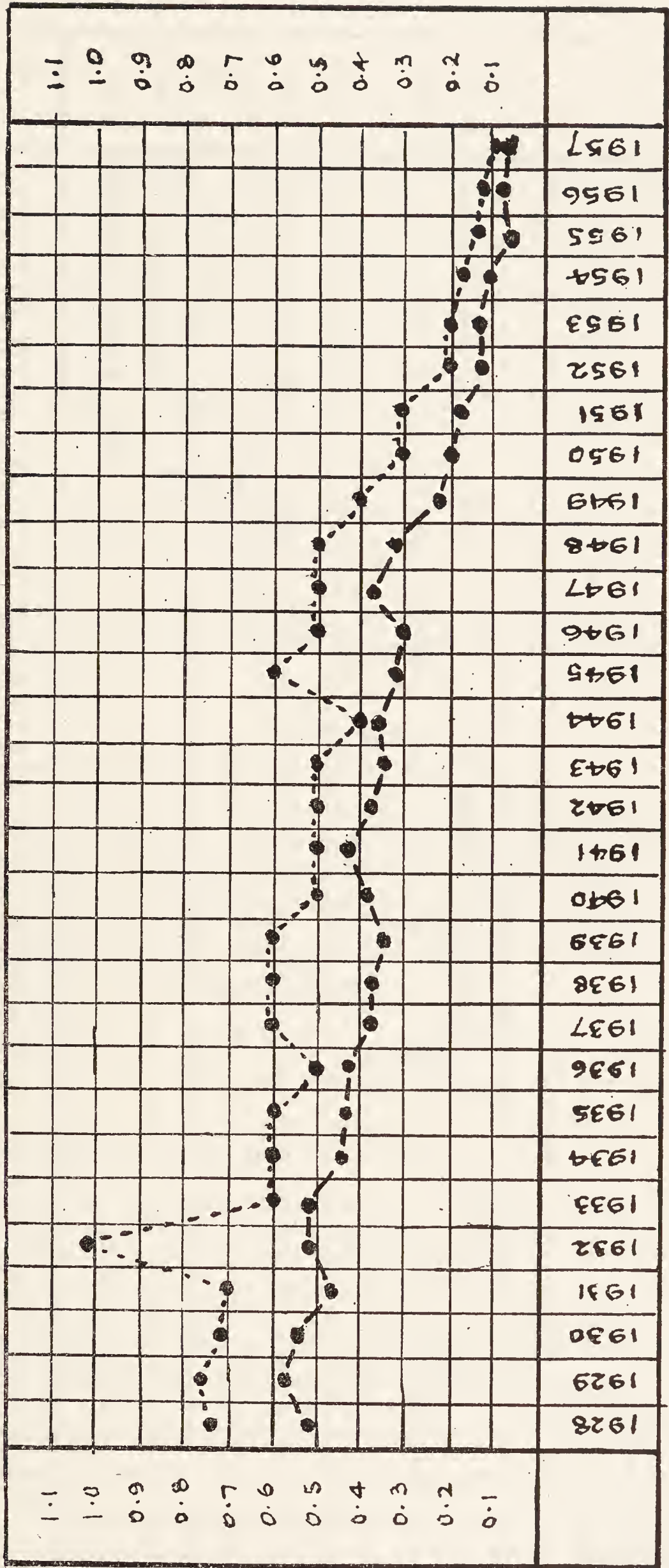


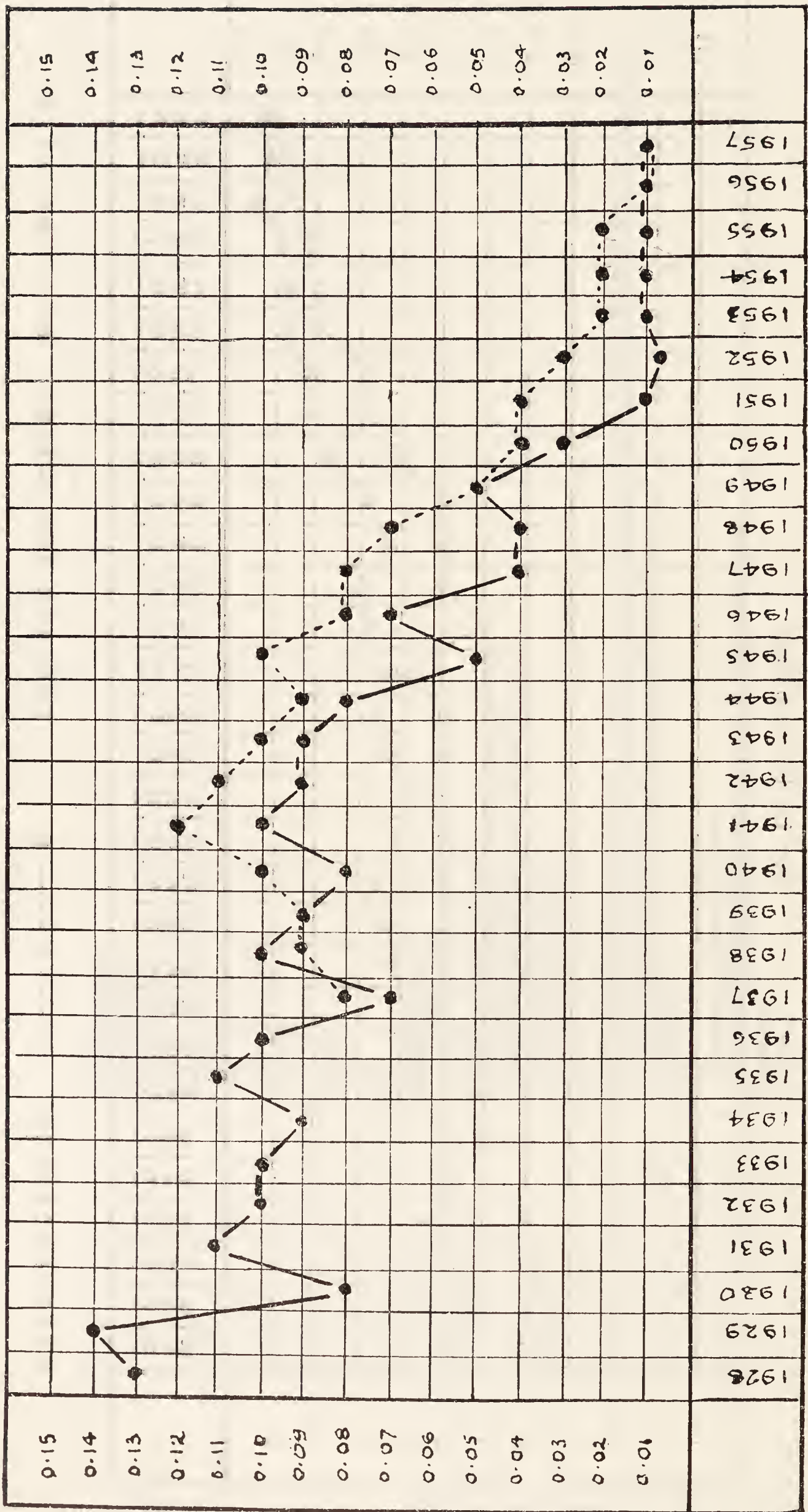
TABLE 29.—TUBERCULOSIS (RESPIRATORY)—DEATH RATE, 1928-1957.  
Per 1,000 Population.



HEARTFORDSHIRE      —●—      ENGLAND AND WALES      - - - ● - - -



TABLE 30.—TUBERCULOSIS (OTHER THAN RESPIRATORY)—DEATH RATE, 1928-1957.  
Per 1,000 Population.



HERTFORDSHIRE ——— ENGLAND AND WALES - - - - -

TABLE 31.

## NOTIFICATIONS OF PULMONARY AND NON-PULMONARY TUBERCULOSIS.

	1955				1956				1957			
	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000
	M	F	Total		M	F	Total		M	F	Total	
<i>Pulmonary.</i>												
Urban . . .	177	109	286	0·59	178	120	298	0·6	214	130	344	0·67
Rural . . .	84	60	144	0·68	84	48	132	0·6	91	73	164	0·73
County . . .	261	169	430	0·62	262	168	430	0·6	305	203	508	0·69
<i>Non-Pulmonary.</i>												
Urban . . .	22	19	41	0·08	24	23	47	0·09	18	33	51	0·1
Rural . . .	6	12	18	0·08	7	15	22	0·1	7	12	19	0·08
County . . .	28	31	59	0·08	31	38	69	0·09	25	45	70	0·09
<i>Pulmonary and Non-Pulmonary.</i>												
Urban . . .	199	128	327	0·68	202	143	345	0·69	232	163	395	0·77
Rural . . .	90	72	162	0·76	91	63	154	0·7	98	85	183	0·81
County . . .	289	200	489	0·71	293	206	499	0·69	330	248	578	0·78

Extracts are given from reports of the Chest Physicians and these indicate the scope of the work being done in connection with the clinics and also some of the future needs.

## DR. N. MACDONALD, NORTH HERTS DIVISION.

There was a decrease in the number of new cases of pulmonary tuberculosis during 1957, from 60 to 44. Four patients were notified as the result of contact examination of new cases and one child was notified, having had a positive skin test during a School-leavers' pre-B.C.G. survey. Non-tuberculous work has increased and the number of total attendances exceeded 10,000 for the first time. During the first complete year of using the Odelca camera 1,573 people attended for miniature radiography.

<i>Under 25.</i>			<i>Over 25.</i>		<i>Under 25.</i>			<i>Over 25.</i>	
<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>
2	2	—	16	7	1	2	3	5	6

## DR. H. E. HOUNSLOW, SOUTH HERTS DIVISION.

The general level of attendances was maintained throughout the year with the exception of refills, which continued to decline, and are expected to fall to a very low figure within the next year or so.

Sixty-eight new patients were notified during the year, 10 less than in 1956; the decrease being in the T.B. + group. Five patients were receiving residential treatment at Shenley Mental Hospital; if these are excluded there were 63 new notifications compared with 68 in 1956.

Two hundred and ninety-four new contacts were examined and 1,262 old contact attendances made, yielding 4 new cases, 1 on initial and 3 on follow-up examination.

The vaccination of thirteen-year-old children was continued, and although the A.C.M.O's undertook the testing and vaccination of the secondary modern schools, the grammar schools were done by the Clinic staff, together with a small number of secondary modern pupils missed at their own schools. Doubtful and unusual reactions and vaccinations were also referred for an opinion.



TABLE 32.  
GENERAL COMPARATIVE STATISTICS, 1949-1957.

	1949	1950	1951	1952	1953	1954	1955	1956	1957
New patients (consultations) . . .	442	672	715	792	844	726	662	623	639
Old patient attendances . . . . .	1,737	1,736	1,952	2,464	3,170	3,218	4,092	4,256	4,330
New contacts . . . . .	222	276	206	325	348	353	376	385	294
Old contact attendances . . . . .	155	397	392	585	898	947	1,261	1,416	1,262
Refills . . . . .	1,646	2,442	4,785	7,830	8,813	7,823	6,270	3,827	2,013
X-rays only . . . . .	—	—	—	—	—	3,660	4,520	5,329	5,261
Total attendances . . . . .	4,202	5,523	8,050	11,995	14,073	16,727	17,181	15,836	13,799*
New notifications { TB — . . . . .	61	53	59	66	46	39	42	45	45
TB + . . . . .	35	40	35	22	38	39	15	33	23
Total . . . . .	96	93	94	88	84	78	57	78	68
Transfers—in (tuberculosis) . . .	32	34	73	145	126	156	193	112	60
Patients recovered . . . . .	7	15	71	41	11	18	112	83	62
Deaths (all causes) register patients .	9	22	16	12	16	23	15	23	19
Register at 31.12.57 . . . . .	563	734	699	846	962	1,089	1,144	1,151	1,131
Patients with positive sputum in last six months . . . . .	29	46	62	70	51	48	29	43	41

\* In addition 279 patients (56 new, 223 old) were seen by the dental surgeon in the Chest Clinic.

#### DR. T. A. WATKIN EDWARDS, ST. ALBANS AND MID HERTS DIVISION.

There was an increase in the number of new pulmonary notifications in 1957—103, as compared with 83 in 1956. This is accounted for by the number of cases found by Mass Radiography Unit 5.C., which spent several weeks in St. Albans, Hatfield and Welwyn Garden City and X-rayed 26,383 people. Forty-four cases were found in this way in 1957 against 9 in 1956.

Twenty-seven of these 44 were sputum negative. Many of these were slight cases who were successfully treated with chemotherapy whilst continuing at work, or by a short period of hospital treatment followed by an early return to work.

One hundred and three pulmonary cases were added to the Register in 1957 (excluding patients in Mental Hospitals). Two were posthumous notifications, and insufficient information is available for six patients as they attend elsewhere. This leaves 95 cases for analysis.

Source	Positive	Negative	Total
G.P. . . . .	8	2	10
M.M.R. or other routine . . . . .	17	27	44
Contacts (new) . . . . .	1	2	3
Other departments of hospital . . .	4	—	4
Min. " X-ray only " service . . . .	16	3	19
M.M.R. follow-up . . . . .	4	4	8
Contact follow-up . . . . .	3	1	4
Other follow-up . . . . .	1	2	3

#### Attendances.

New patients (consultation) . . . . .	1,296
Old patient attendances . . . . .	5,864
Refills . . . . .	1,950
" X-ray only " . . . . .	4,055
New contacts . . . . .	447
Old contacts . . . . .	952
No. given B.C.G. (contacts) . . . . .	250
	<hr/> 14,814 <hr/>

## DR. N. A. NEVILLE, EAST HERTS DIVISION.

So far as the work of the Clinics go, it is interesting to note that the number of newly diagnosed cases of pulmonary tuberculosis have shown no fall, and is in fact exactly the same as it was in 1956. The number of transfers into the area is also the same for both years. The actual chest clinic work tends to increase.

The total number of attendances shows a 20 per cent rise as compared with the previous year. The number of new cases referred to the Clinics and of new contacts seen shows a similar rise. Some of this is due to the fact that the Chest Clinics now carry out an increasing amount of non-tuberculous work. In association with this, a non-tuberculous Chest Unit has been established at the Herts and Essex General Hospital to replace the previous tuberculous accommodation there.

It is also worth noting that the Ministry scheme for the B.C.G. vaccination of thirteen-year-old school children was carried out in the East Hertfordshire area very largely by Chest Clinic staff. Of the Mantoux Positive children, 100 per cent attended for X-ray of the chest in many cases accompanied by their parents.

No child was found to have any evidence of active tuberculosis in the chest, but one child was later found to have a tuberculous spine. The only serious complication arising from the B.C.G. vaccination was one child who developed tuberculous glands of the axilla and neck, but as tubercle bacilli could not be cultured from the material removed at operation it was not possible to prove whether these glands had resulted from the B.C.G. vaccination or whether they were the result of an intercurrent tuberculous infection.

(a) New notified cases :	Pulmonary Tuberculosis . . . . .	41 cases
	Non-respiratory Tuberculosis . . . . .	3 cases
(b) Transfers into the Area :	Pulmonary Tuberculosis . . . . .	43 cases
	Non-respiratory Tuberculosis . . . . .	4 cases
(c) Total attendances . . . . .		4,133 patients

## DR. P. W. ROE, SOUTH-WEST HERTS AND DACORUM DIVISIONS.

The general pattern of development remains as in previous years. The work which has to be done for the care of chest clinic patients increases steadily.

The County Council decided during the year to increase, by one, the staff of tuberculosis health visitors in West Herts. The new appointment is to be shared between the Watford and Hemel Hempstead clinics, but no appointment could be made before the year ended. It is certain, however, that this appointment will greatly increase the quality of the work done during 1958. This brings the total up to five tuberculosis health visitors in this area. One additional visitor is now needed.

The prophetic words relative to poliomyelitis with which I closed my report for 1956 have had a strange sequel. The extremely valuable examination of school entrants (age five) by tuberculin patch testing has been discontinued in order to enable the poliomyelitis vaccination programme to go forward. It remains the duty of the public health authority so to arrange its programme that the dangers of tuberculosis are constantly before the public and the profession. This is particularly so in the case of tuberculosis, because tuberculosis is not news and does not receive the publicity of the newspapers as in the case of poliomyelitis.

At Hemel Hempstead no further progress has yet been made with regard to the development of a new chest clinic, although the proposal was agreed in principle some time ago. A new out-patient department is being erected which will be ready for use during 1959. This will improve the conditions under which patients will be seen at the West Herts Hospital.

Much remains to be done to defeat tuberculosis and when this problem has been brought under control, the chest clinic service is available to give



attention to other common chest diseases, at present not dealt with at all adequately. I have in mind the problems of bronchitis, the heavy toll taken by asthma, and the serious question of lung cancer, so greatly increased by the modern tendency towards habitual smoking. A great deal needs to be done in the prevention of these diseases and in the treatment of the unfortunate sufferers. A great deal can be done already by the full application of the knowledge we already have.

A statistical review of the work done during 1957 is given below :—

	Watford	Hemel Hempstead
New patient attendances . . . . .	667	387
Old patient attendances . . . . .	6,606	2,131
New contact attendances . . . . .	864	457
Old contact attendances . . . . .	2,272	872
Refill attendances . . . . .	567	106
X-ray only attendances . . . . .	3,559	—
Total attendances . . . . .	14,535	3,953
New notifications Tb + . . . . .	54	16
Tb — . . . . .	122	58
Transfers into area . . . . .	186	72
No. of patients on Register at 31st December .	1,781	647
Deaths . . . . .	25	6
Recovered . . . . .	102	27

#### ALMONERS' REPORTS.

Mention has been made earlier of the Almoners' posts remaining unfilled in some parts of the County. These vacancies have required the appointment of Social Workers who have not had special training in case-work. Much, however, can be done by capable, educated women with a sincere interest in their fellow beings. The reports which follow are from both Almoners and Social Workers, and they have been given in full to show the breadth of the care and after-care work which comes to them, even in the limited field in which these officers have so far been able to function.

After-care for all who have difficulties after a period in a general hospital, or for those who are striving again to face up to the trials of the world around after discharge from a mental hospital, has not been possible to any great extent. More important perhaps is the lack of care available from the preventive aspect to enable many to withstand the stresses of life and to remain in the community and not become a mental hospital in-patient.

One of the reports does refer briefly to mental after-care, but, in view of the legislation expected as the result of the recent report of the Royal Commission, much more it is hoped will be done for this very important need.

#### SOUTH-WEST DIVISION.

1957 has seen a small decrease in the Almoner's statistics in regard to help needed and given. This is mainly due to the advances in chemotherapy for the treatment of tuberculosis which, although causing a greater number of patients to be under the direct care of the Clinic and, therefore, more work for all concerned, does tend to shorten the patient's period of illness and consequent time away from work. [However, overall the picture remains very much the same as in previous years.]



The Almoner's work consists basically of helping a person who is receiving medical treatment or supervision to derive the full benefit of that treatment or supervision. The alleviation of anxieties over finances, over family life and over future employment does much to help a patient to relax, to co-operate in regard to medical recommendations, and to overcome the social problems which may be created by hospitalization or the social restrictions imposed by illness.

In this process the Almoner's work can be divided somewhat arbitrarily, but quite usefully, into three sections. Firstly, explanation and advice. This is particularly necessary in the case of new patients who may have many fears and prejudices about their illness or disability, who may not be aware of all the statutory and voluntary agencies which exist to alleviate their hardships and to further their ultimate rehabilitation towards an independent existence.

Secondly, the Almoner endeavours to diminish the feeling of isolation and helplessness felt by some patients when confronted by illness, by being the link between these patients and outside Government and voluntary services. Often the Almoner is needed to initiate some application to the National Assistance Board, to the Disabled Persons' section of the Ministry of Labour, and so forth. Or it may be necessary to approach some voluntary society for material aid. At other times interpretation is necessary to help the patient or the agency concerned to appreciate the situation as seen by the other party.

Thirdly, there is the provision of material aid. This, in these days of National Health Insurance and National Assistance allowances, is now, fortunately, a less essential part of the Almoner's work. Moreover, in many families both husband and wife are earning. Even so, there are cases where financial assistance is needed and with these families voluntary societies such as the Friends of the Poor, the Glasspool Trust, and the National Society for Cancer Relief continue to play an invaluable part in relieving the financial hardship incurred, especially by those families whose incomes are heavily committed in hire purchase agreements.

It is perhaps important to stress that running through all these three aspects of the Almoner's work is the theme of sympathetic understanding by the Almoner of those big and small problems which have to be faced by people in times of illness. Much of this aspect of the Almoner's work cannot be recorded statistically, yet many persons welcome a chance to talk about their problems—especially those tuberculous patients who are in the hospitals and who often have a feeling of isolation from the outside world.

In regard to work connected with the Chest Clinic, the Almoner works as one of the medical team and continues to be available at Consultation Clinics and Children's Consultation Clinics. Referrals from these clinics are made by the Chest Physicians who send up all newly notified cases of tuberculosis, transfers in from other areas, and those entering hospital or giving up work to receive domiciliary treatment. Others are referred when there are specific needs to be met, such as rehousing, financial difficulties, home help, and so forth.

Many referrals are also made by the Visitors, who pick up problems, requiring action by the Almoner, in the course of their domiciliary visits.

The Almoner participates in conferences in the Chest Clinic and also in the hospital, when opportunities are given for the bringing of social and emotional problems to the notice of the Chest Physicians.

#### *Resettlement.*

During the year, 82 persons were referred to the Almoner in connection with return to employment. Of these, 34 made their own arrangements for returning to work, while 48 accepted the help of the Ministry of Labour. Two of these attended the Industrial Rehabilitation Unit at Egham and were



then found work, while 5 were accepted for training courses in the Government Training Centres. Of these 48 persons, all but 5 have been placed in employment. These figures reflect considerable credit on the efforts of the Ministry of Labour in Watford for, with the credit squeeze, vacancies for employment are becoming scarcer. The position is especially difficult for the disabled man aged 50 or more, who is either unskilled or at best semi-skilled. Where a man has a long period of employment with one firm, in most cases some sort of job is found for him by his employers. But where, as in the case of many unskilled workers, the disabled man has no history of long service with any one firm, then placement can be a long and difficult process.

Co-operation between the Almoner and the Disablement Resettlement Officer has been very close and meetings have been held in the Clinic each week. These meetings have been of great value, as personal contact between those responsible for the resettlement of the disabled makes for more effective co-operation.

### *Housing.*

Fifty-nine families have been referred to the Almoner in connection with housing problems. Some of these have been minor problems such as faulty fireplaces, structural defects, etc., which have been solved after contact has been made with the appropriate housing authorities. Others have been requests for priority for rehousing on medical grounds. There are many cases where families have to share accommodation with relatives and much emotional stress is liable to be engendered, with consequent detriment to the health of those families.

### *Home Help Service.*

Twenty-three people were referred as new cases for Home Help. This service has been one of the most valuable services provided by the Health Committee for domiciliary help for the sick and it is to be regretted that not more Home Help is available to assist the aged tuberculous person and the tuberculous housewife. In the latter instance, the Home Help Service has been particularly valuable in preserving the fabric of family life.

### *Occupational Therapy.*

Twenty-one patients were referred from various sources for occupational therapy. This is another service provided mainly by the County Health Department and partly by the British Red Cross Society, according to the type of patient. Many persons find occupational therapy extremely helpful in keeping their hands and minds occupied during long periods of time when they are allowed to do very little in the way of activity. It could be argued that people could find things to do themselves, but long periods of enforced inactivity often causes a slackening of mental effort. In addition, many people have not the necessary knowledge or money to undertake anything themselves. For both these groups, the visits of the Occupational Therapist provide the encouragement and incentive that patients need to occupy their time fruitfully and happily.

### *Free Milk.*

Fifty-four patients were allowed free milk at the end of 1957, where financial stringency made it unlikely that the tuberculous patient would be able to budget for an adequate supply of milk. Of this number, 42 were new cases.

### *Financial Help.*

This is the aspect of the Almoner's work which predominates in the popular mind but, in fact, only 48 cases were referred for National Assistance allowances for tuberculous patients. A further 12 cases were referred to the



National Assistance Board for Extra Nourishment allowances, and grants for bedding, clothing, etc. Statutory provisions have rendered the lot of the tuberculous patient much easier than in the past and shortened times of treatment, coupled with efficient resettlement, have greatly lessened the need for financial aid. The financial situation of the chronic tuberculous case can be difficult, where over a long period it has not proved possible to do more than exist on a limited income, which does not allow for the accumulation of any financial reserves. As stated previously, the voluntary societies have helped with a number of cases with financial grants, while the Education Committee have helped with grants towards clothing, and free school meals, for the children. Much generous help has been given in the form of grants towards a recuperative holiday, bedding, coal and Christmas parcels and treats for some of the long-term tuberculous families by a local Charity—The Bowley Charity for Deprived Children.

#### ST. ALBANS AND DACORUM AREA.

It is perhaps of some interest to comment on the past year's volume of work as it has arisen geographically. The two areas covered are reasonably comparable, as both have rapidly growing New Towns, but no L.C.C. Estates, so that although there are a number of tuberculosis cases transferred into both areas from London, there is not the high proportion of active cases undergoing treatment rehoused on medical grounds, as has been the case in the L.C.C. Estates.

In the Hemel Hempstead area, 98 cases were referred to the Almoner via the Chest Clinic—the total number of attendances at this clinic was 3,930. The number of cases referred via St. Albans Chest Clinic was 101, but here the total attendances amounted to 10,548. A much greater proportion of the Hemel Hempstead cases came from the New Town. Although proportionately fewer patients have required help in the St. Albans area, more cases requiring intensive case-work have been referred from this clinic, than from the Hemel Hempstead Clinic.

A greater use of Hospital Convalescent Homes has been made during the past year, for non-tuberculous cases. In some circumstances the fact that these Homes maintain the patient free of charge is a considerable advantage. The assessment and payment for convalescence at a Recuperative Holiday Home can present a very real problem, where for instance the housewife is in need of a rest and where ill-health is aggravated by difficulty and tension in family relationships. In such cases it is often virtually impossible to get sufficient co-operation from the husband, in the first instance, to agree to meet the necessary cost per week.

Nine children, most of whom were contacts of tuberculosis cases, have been sent away for holidays during the summer. Without the co-operation of the Children's Department, in offering the facilities of a Summer Camp, and/or financial assistance from Voluntary Sources, these children might well have found it difficult to have a break away from homes in which chronic ill-health and a low income predominate.

In the Piercy Report on the Rehabilitation, Training, and Resettlement of Disabled Persons, greater consultation is urged between the medical and welfare staff and the Disablement Resettlement Officers. It is already the practice in the St. Albans Chest Clinic to hold joint consultations between the Chest Physician, D.R.O., patient, and Almoner where resettlement presents a particularly difficult problem. Fortunately in the majority of cases, patients fit for work have either been reinstated in their former employment where this was suitable, or placed in alternative work by the Ministry of Labour. Although 30 patients have been referred to the D.R.O. with written reports, only a very small proportion of these cases have presented problems necessitating joint conferences.



Approximately £250 was raised from Voluntary Sources to meet patients' various needs not catered for from statutory funds. This help has involved applications to sixteen different funds, each with its special conditions for giving financial help. In spite of this variety of sources, there will always be a need for some small sum of money which can be used in an emergency, unconditionally.

Apart from Chest Clinic work, eleven new cases of chronic sick were referred during the year. The original reason for the referral, whether by the General Practitioner or Red Cross, etc., is almost always because there appears to be a need to make some holiday arrangements for the patient in order to give those looking after him, a rest.

Arrangements were made last autumn to attend a Refresher Course in London on the Theory and Practice of Case-Work. This Course consisted of weekly discussions on general principles and on individual recorded cases. Some time and thought was given to what is meant by the term case-work. It was agreed that case-work is a process or method of working with, rather than for, the patient. It should provide a supportive relationship within which the patient can be helped to assess his problem, and to work upon it. To do this he will need to be encouraged to bring into play his own strengths and resources, and to have available such outside help and resources as appear necessary. It was helpful to try and relate this definition to what one is trying to do in day-to-day work. Where one has attempted intensive case-work, success or failure, as far as this can be assessed, depended to a large extent, on how far one has helped the patient to help himself. It may never be possible to solve a particular problem, but the patient may be helped to modify it, so that he can live with it reasonably well, accepting the limitations imposed by it.

#### SOUTH HERTS DIVISION.

Another change of staff during the summer has once again made it difficult to present a true picture of the year's work. For nearly three months no Almoner was available at the Chest Clinic but visits from the Almoner for the St. Albans Division, who took on this extra task, were greatly appreciated. Apart from this help the main welfare difficulties of patients were tackled by the Chest Physician, Health Visitors, and clerical staff. Inevitably help at this period came mainly from Statutory agencies. In all, 169 people were dealt with in 1957 as opposed to a little over 200 in 1956. Financial help was needed a little oftener. The ever-increasing cost of fuel hit the chronic sick patient who is so often relying on a National Assistance Grant. Voluntary Organizations largely meet this need and a number of patients have been given a gift of £6 to help pay winter fuel bills.

The rehabilitation of patients presented its usual problems. Part-time work, particularly in the Barnet area, was very difficult to obtain. A young woman re-commencing work after seven years' treatment for bilateral tuberculosis, was offered part-time work in a clothing factory. The shortest hours that could be arranged were 8.30 a.m. to 5 p.m. Her wage, after allowing for fares, was less than she received on National Assistance. The County, by helping with free milk, encouraged her to continue until she was able to work full-time. These hours were 8 a.m. to 5.30 p.m. (only five hours extra a week), but the wage was quite considerably more. Employers appear to have found a true part-time week uneconomical but there is a great need here for the recovered tuberculous patient who does not wish to attend a Rehabilitation Centre. In all 35 patients were referred to the Almoner for help with work, 9 of these remain unplaced. Three are suffering from chronic bronchitis, 2 are sputum-positive cases, and 4 are difficult to place. These last 4 patients are considered unsuitable for a training course.

A few new cases for rehousing were referred to the Housing Managers in 1957. Twelve families were waiting for larger or more suitable accommodation



but on the whole the housing position remained good. A problem in the Boreham Wood area, was the number of patients who persistently applied for transfer back to London and who still travelled to work in the City against the advice of the Chest Physicians.

Twenty-three people were sent away for a recuperative holiday during 1957 and most of them derived considerable benefit from their holiday.

Forty-five patients received free milk during 1957 and there is no doubt that this scheme is greatly appreciated by the tuberculous patient. There remain a few non-tuberculous chest patients who should be considered eligible under this scheme.

The number of people applying for Diversional Therapy was rather disappointing. The shorter period spent resting at home coupled with the attraction of television is probably the reason for this.

The Home Help Service continued to be of the greatest assistance in the home of the tuberculous patient. A new patient, a man of eighty, receiving treatment at home because he did not wish to be parted from his eighty-seven year old wife, was particularly grateful. He did not think much of anti-biotics but he thought the dinners his home help cooked were wonderful.

Four new chronic non-tuberculous cases were referred during the year. Often little can be done for these patients apart from lending a sympathetic ear but the visits seem to be appreciated by the patient himself and by his family.

#### MASS MINIATURE RADIOGRAPHY.

The two M.M.R. Units, one stationed in the Mid Herts area and the other in Walthamstow under the direction of the North-West and North-East Metropolitan Regional Hospital Boards respectively, visited several places in the County in 1957. These Units dealt with the personnel of factories and firms, the staff, students, and pupils of Training Colleges and Schools, some special groups, such as Old People's Homes and Mental Hospitals, and the general public at large. In all, approximately 64,500 persons were X-rayed by means of these Units in Hertfordshire. A number of cases of active tuberculosis was found and an even larger number of other diseases or deformities of the lungs and heart. It is understood that, although the general policy of X-raying as many of the public as possible has not been seriously modified, the emphasis is on groups in which a higher case-rate might be expected. During the year the two Units spent a period in Glasgow as part of the very big campaign held in that town. As a result they were not in operation for a whole year here but it is of interest to note that (although the percentage was considerably higher in the areas visited) a tenth of the teenage and adult population of the whole County had their chest condition examined in this way.

There can be little doubt of the value of the examination at the moment it is made, but it should be stressed that the main safeguard is in regular repetition as circumstances permit.

#### TUBERCULOSIS VISITORS.

From Table 33 it will be seen that there is no significant difference in the figures for 1956 and 1957, bearing in mind the increase in population in the County.



TABLE 33.

	1956		1957	
	Attendances at Chest Clinics	Visits to Patients	Attendances at Chest Clinics	Visits to Patients
Tuberculosis Visitors . . .	1,959	22,915	2,105	23,190
Health Visitors . . . . .	64	882	4	1,195
Home Nurses . . . . .	—	10,836	—	12,894

One Tuberculosis Health Visitor attended a ten-day post-graduate course in London.

#### DIVERSIONAL THERAPY.

Though the Almoner in Barnet refers to the few requests from tuberculous patients for this therapy there now, because of the shorter treatment period of this disease and other forms of interest, the demands upon the British Red Cross Society Therapist, to whom this Council has been indebted for so many years of voluntary service, have not diminished. Indeed, it was considered desirable in 1957 to obtain in addition for the South-West Division the sessional services of a part-time Occupational Therapist to a Watford Hospital. The link up thus obtained in that rather compact area between the wards and the home has proved quite useful, as the therapy started in the hospitals has been continued when the patient has been discharged. This therapy work can be quite time-consuming, as patients faced for perhaps the first time with the need to occupy themselves in a more static fashion than they have been previously accustomed have often to be visited regularly and frequently to interest and teach them. The Therapists feel that in this way these persons can obtain encouragement and confidence and that this is particularly so with those who have some psychological difficulties as a result of an illness and who might well reject any effort to occupy themselves. The Chest Physicians recommend to the Therapists the type of work the patient might be fit to do and the length of time they should spend on it. The patients become interested in a variety of handicrafts, including drawing and painting, embroidery, needlework, leatherwork, glove making, rug making, canework. The materials are quite expensive and it is heartening to know that with a number of patients what started as a diversion for them when they were ill became a hobby with them later on when they had become well again.

#### MENTAL AFTER-CARE.

After-care under Section 28 for mental and other cases has not been extensive, though often individual cases prove very time-consuming, and in the patient's own interests a balance has to be maintained between allowing him to develop too much sense of dependence and of allowing him to feel neglected. Rehabilitation Officers at the Ministry of Labour are invariably helpful and understanding in regard to employment where the patient is fit for this to be considered, but a quiet, sheltered job where the patient who finds it difficult to meet others and is unsure of himself, as so often is the case after a mental breakdown, is far from easy to find. Apart from periodic friendly visits it is also extremely difficult to be of help to those who appear to have every material comfort, but cannot contemplate going out alone, or making contact with their kind, or of taking part in normal life and activities, and unfortunately this condition is by no means uncommon.

#### MEDICAL LOAN SCHEME.

The requests for assistance under this Scheme continued to increase. At the end of 1957, thirty-eight Medical Loan Depots were being operated on



behalf of the County Council by the St. John Ambulance Brigade and the British Red Cross Society. Stocks of the ordinary nursing requisites are held at all these depots, special articles being supplied by central arrangement and transferred to different parts of the County as required. Requests for wheel-chairs, special mattresses, lifting aids, have been much more numerous during the year and with the greater attention now being paid to the rehabilitation of the disabled and the desire to make them as independent as possible many "gadgets" large and small are being produced to help them.

The County Council is indebted to the Members of the St. John Ambulance Brigade and the British Red Cross Society for their keen interest in this work and for their assistance in the Scheme.

### HOLIDAY HOME SCHEME.

There was less demand for convalescence under this Scheme than for a number of years, 58 cases fewer than in 1956 (365 to 423). Of the 365, 319 were accepted, but 80 of them cancelled their requests for one reason or another, some going away privately or through their firms, some having relapsed and requiring further treatment, and others because they did not wish to complete the official assessment form or, indeed, to go away at all. The Hertfordshire Seaside Convalescent Home at St. Leonards received 157 and the remainder were admitted to other Homes found by the Hospitals or Almoners and considered to be more suitable for the patients concerned. Two infants under three years went away with their mothers, and in six cases husbands and wives were sent for convalescence together.

From the table below it will be seen that as usual the majority who came under the Scheme were women and that almost 30 per cent of them were over sixty-five years of age. It was hoped that by a period of convalescence they could receive sufficient benefit to continue to look after themselves within the community in their own homes. In addition, with some of the more severely handicapped, Holiday Home convalescence allowed relatives to have a few weeks' relief or a holiday themselves and thus enabled them to retain the disabled person with them for a further period.

TABLE 34.

	1957	1956.
Applications received . . . . .	365	423
Accepted . . . . .	239	285
Not accepted . . . . .	46	40
Cancelled applications . . . . .	80	98
Sent to Hertfordshire Home . . . . .	157	174
Infants under three who went away with mother . . . . .	2	6
Couples who went away together . . . . .	6	5

### AGES OF PATIENTS.

0-1		2-5		6-15		16-45		46-65		65 +	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
-	1	1	4	-	1	15	56	31	59	24	47

### BY WHOM REFERRED.

Own Doctor	Hospitals	County Almoners	Others
148	78	12	1



## SECTION 29—HOME HELP SERVICE.

During 1957, the Home Help Service remained fairly steady, so far as the number of cases receiving help was concerned, a total of 4,683 households being helped, as against 4,564 during 1956.

TABLE 35.

Category 1	Maternity and Nursing Mothers 2	Tuberculous 3	Chronic Sick 4	Blind 5	Acute Illness 6	Accidents 7	Miscel- laneous 8	Totals
Householders other than old age pensioners.	1,036	169	379	50	586	27	126	2,373
Old age pensioners	—	18	2,012	81	145	21	33	2,310
Totals.	1,036	187	2,391	131	731	48	159	4,683

Once again, the increase in the number of cases was almost entirely among chronic sick and the larger proportion of this was amongst old age pensioners. Again there was a slight reduction in the number of tuberculous households being helped—187 as against 207 in 1956, but there was a slight increase in blind persons receiving help—131 as against 122 in 1956.

During the first week of the year there were 1,845 current cases, and during the last week 2,019, this being a reflection of the fact that the main increase was amongst the long-term cases. The weekly figure rose steadily during the year, most areas being affected.

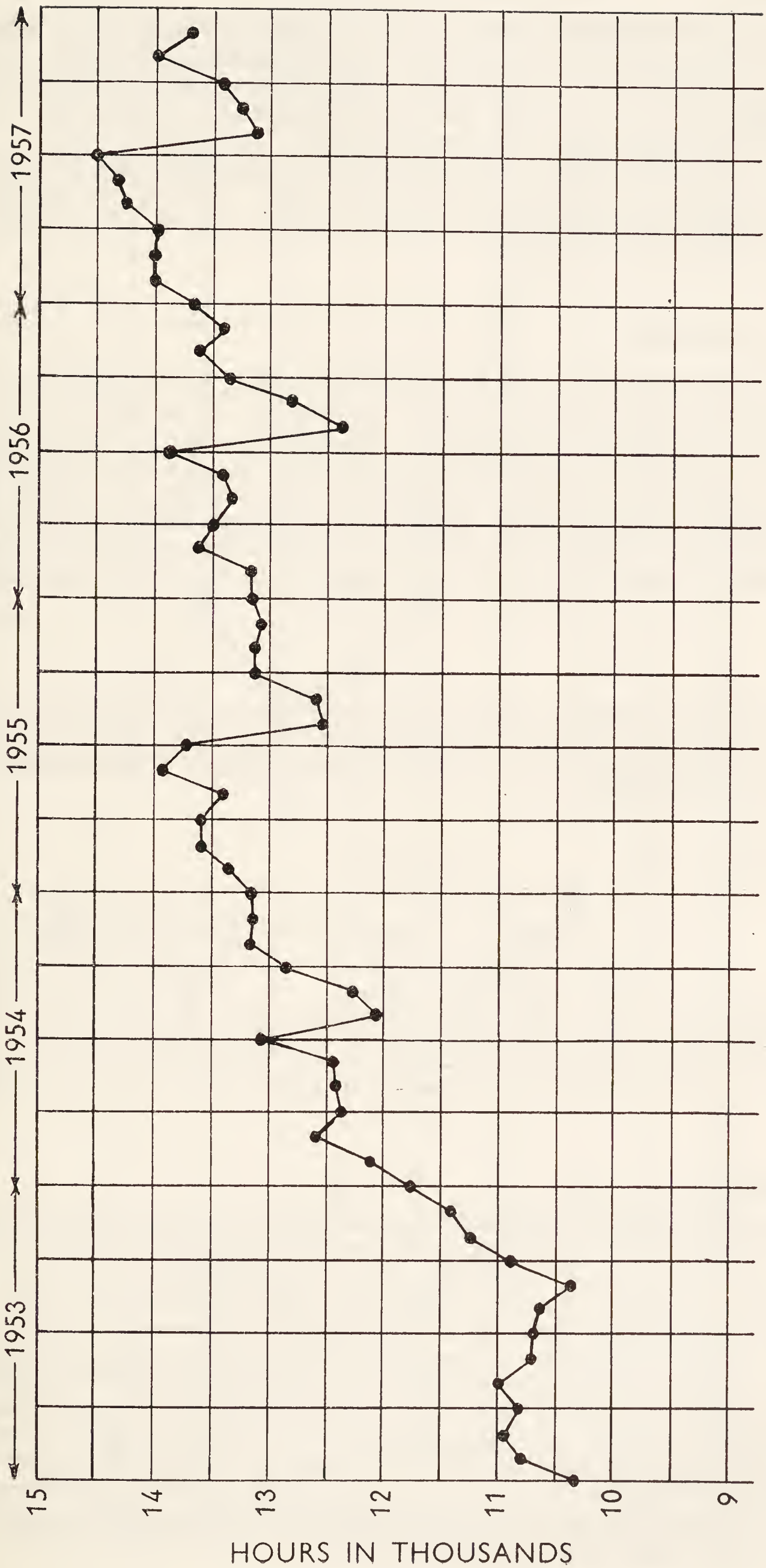
The number of Home Helps employed rose from 589 at the beginning of the year to 642 at the end, the number of hours paid during the final week being  $13,255\frac{1}{2}$  as against 12,505 for the corresponding week the previous year.

During the year, the Home Help Service has been able to give help in ways which, although not strictly laid down, are felt to be appropriate by the Divisional Medical Officer. For example, when old people who are receiving Home Help are re-housed, the Home Help is often the person who does the bulk of the clearing out and packing up before the move. In one area, the Home Help Service and the British Red Cross worked in close conjunction, and it was possible for the Home Help to attend to the removal of furniture, etc., from the condemned cottage, and the unpacking in the new flat or bungalow, whilst the Red Cross took care of the old lady, providing a car and a meal, and bringing her to her new home when it was ready to receive her. This, of course, was only done in cases where the old lady was obviously unable to cope with things herself. Moving from a small inconvenient cottage, where she has lived for perhaps 70 years, has proved too great an undertaking for many an old lady and, although most of them have settled in their new homes, the upheaval was tremendous in some cases.

*Long Service Badges.*

Owing to delay in the supply of badges, no presentation was made during 1956. This resulted in two groups of Home Helps receiving their five-year badges during 1957. Thirty-eight Home Helps who were enrolled during 1950, and thirty who were enrolled during 1951 received badges. One of these presentations, which was held at County Hall, was attended by a group of Norwegian Home Helps who were here on holiday, but were spending most of their time visiting as many different local authorities as they could fit in. One of the number, who spoke English fluently, was able to give a very interesting talk on the Norwegian Home Help Service, and discuss with our own Home Helps the very great differences which exist between the two services.

AVERAGE HOURS HELP GIVEN WEEKLY IN EACH MONTH.



Jan. Apr. July Oct. Jan. Apr. July Oct. Jan. Apr. July Oct. Jan.



### *Staff Welfare.*

The Mass Radiography Unit has visited seven districts in the county during the year, and the Home Helps have responded well to our request that they attend for X-ray examination. Most of the women on the staff now accept chest X-ray as a routine, and some of them take friends with them, thereby increasing the circle of preventive action.

Home Helps were amongst the groups of people offered the protection of the anti-influenza vaccine at the end of the year. They did not all accept, but a reasonably high proportion did, and it is hoped that this will be effective if a further epidemic should occur.

### *Office Accommodation.*

The County Council was able to transfer the Hatfield Home Help Organizer, along with the Health Visitors, to a suite of rooms at " Kennelwood," French Horn Lane. The office is small, but very pleasant, and for the first time the Organizer has an office to herself, with ample accommodation for storing her records and stationery supplies. Gradually we are managing to arrange for the organizers to occupy offices which are not shared with other services, which means that they find it easier to get on with office work, and they are able to discuss confidential matters with applicants or Home Helps in private.

### *Staffing.*

The Health Committee approved an increase in authorized hours to the Organizer in Boreham Wood. New appointments of clerks were made in Hemel Hempstead and Waltham Cross, and assistant organizers were appointed in St. Albans and Watford.

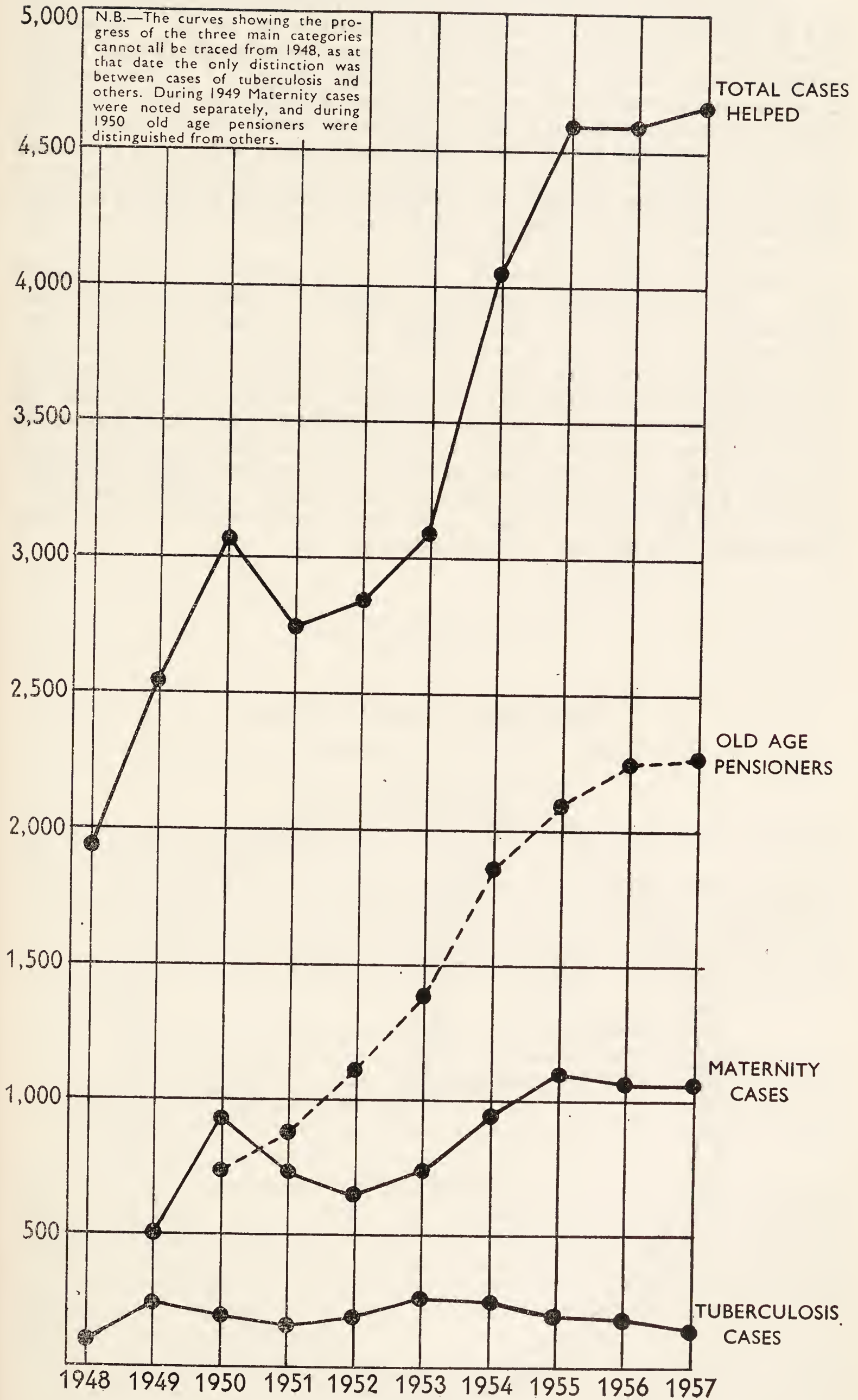
TABLE 36.

Cases Helped during year	Cases current at :		Weekly hours at 1.1.57	Equiva- lent No. of full- time Home Helps	Weekly hours at 31.12.57	Equiva- lent No. of full- time Home Helps	No. of Organizers and Clerks					
							1.1.57			31.12.57		
	1.1.57	31.12.57					Full-time	Part-time	Equiva- lent full- time	Full-time	Part-time	Equiva- lent full- time
4,683	1,845	2,019	12,505	284.2	13,255	301.2	12	10	17.8	12	14	19.6

### *Assessment Scale.*

No change in the assessment scale took place during the year until November, when a new system of assessing the cost for home confinement bookings was introduced. This was based on the fact that home confinements were the only cases where the applicant might receive up to forty hours help per week, or in some cases more than forty. In all other cases, a maximum of twenty hours per week is allowed, although, of course, most applicants receive considerably less than twenty. The new system applied to home confinements was based on an hourly rate for forty hours per week, whereas previously a charge was made for twenty hours a week only—help in excess of this being given free. Following this, several people who had booked Home Help revised their estimate of the hours they would require, but very few people actually stated that the extended cost was the reason for this. It was agreed that a report should be made to Committee after applying this scale for six months.

## CASES HELPED SINCE 1948.

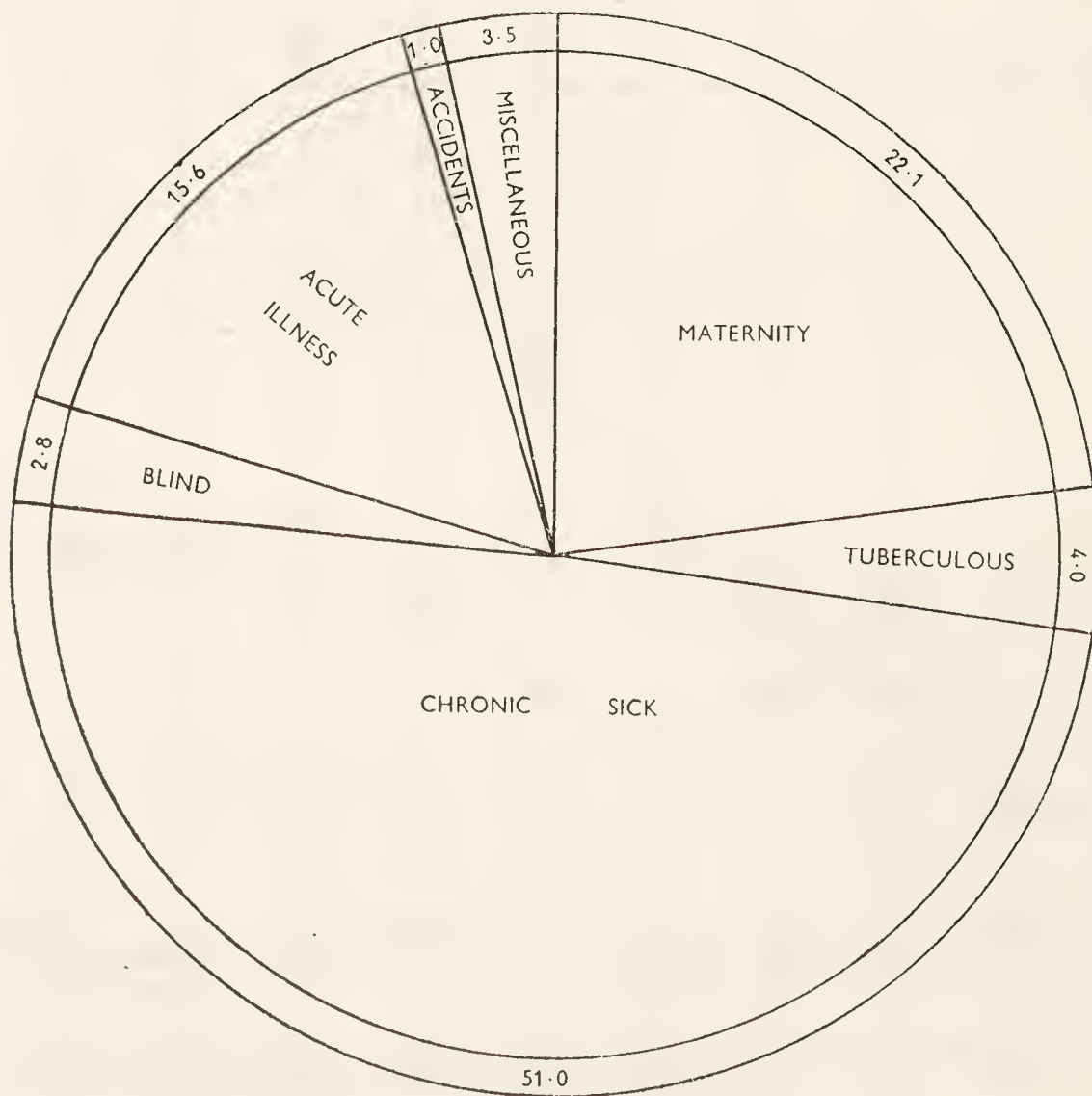




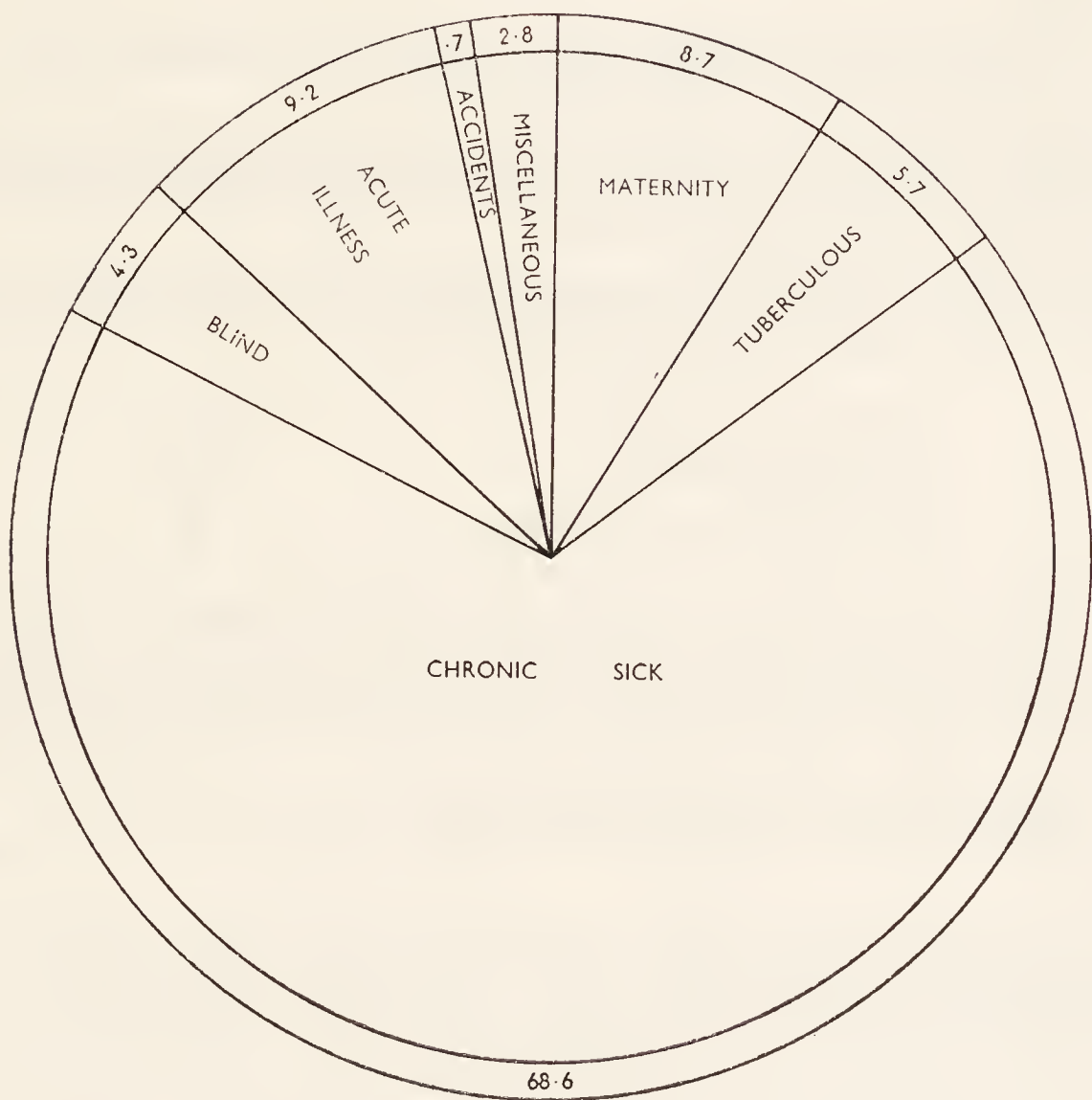
Altogether this has been a very busy year. Changes in central staff can and do cause long delays in notifying assessments and results of appeals to householders. An organizer on sick leave causes considerable disorganization within her area because in most cases she works alone, and a relief organizer must necessarily come from another area—not knowing the cases, the Home Helps, or the district, and she must still do her own work. But it is true to say that most of our staff respond immediately when asked to help out in another area. The Home Helps are very considerate and save a relief organizer many a journey by calling at the office with messages and information. Even with this help, however, relief for organizers absent from duty is a problem to which the perfect answer has yet to be found.

Generally speaking, the work of this service progresses along expected lines. The graph showing increases in numbers of households helped has flattened, the increases not being so marked as in the earlier years of the service. We continue to give help in roughly the same number of short-term cases, but the long-term ones stay with us, and more keep coming. This is, of course, to be expected, bearing in mind that the proportion of old people in the population is increasing continuously. Many of the old people who receive help from the service are those who have no relatives near them, or who have no relatives at all, and the Home Help often takes the place of a daughter to these old people. Last year I spoke of a few Home Helps who had become “substitute mothers” but I should be unable to count those who, temporarily or in some cases permanently, have become “substitute daughters”.

PERCENTAGE OF CASES HELPED.



## PERCENTAGE OF HOURS HELP GIVEN IN EACH CATEGORY.



## SECTION 51—MENTAL HEALTH SERVICES.

## MENTAL DEFICIENCY ACTS.

118 new cases were found subject to be dealt with during 1957, compared with 115 cases in the previous year.

Twenty-six children were reported by the local Education Authority as incapable of receiving education at school, on account of mental defect ;

Twenty-four cases were reported by the Education Authority as requiring supervision after leaving school. One of these children had attended an ordinary school, and the remainder had been at special schools ;

Five cases were reported by the Courts ; the remaining

Sixty-three cases were reported from a number of sources—twenty-two removed into the County from other areas, eighteen were referred by hospitals and family doctors, five were dealt with at the parents' request, seventeen were reported by various departments of the County Council, and one by the Secretary of State.

At the end of the year, sixty of these patients were continuing to live at home under statutory supervision, forty-nine had been admitted to institutions. The remaining nine either removed from the area or died by the end of the year.

In addition to the above, seventy-two mental defectives were added to the registers and placed under voluntary supervision, as they were not found subject to be dealt with. At the end of the year, sixty-six of these patients were still under this form of care.

Twenty-seven were young children noted by the Assistant County Medical Officers and Health Visitors as showing considerable retardation.



The Social Workers are keeping in touch with the parents, pending a statutory medical examination when the children are nearing compulsory school age.

Seventeen were adults, living with their families, where statutory action is not at present called for.

Twenty-two were recommended by the Board of Control for friendly supervision, following discharge from Orders previously detaining them in institutions or under guardianship.

At the end of the year 861 mental defectives were under supervision in the County. This number was made up as follows :—

Statutory supervision	.	.	.	504
Voluntary supervision	.	.	.	272
Guardianship	.	.	.	26
On licence from Institutions	.	.	.	59

The fifth mental health social worker took up duties in September, and following this, the areas of the social workers were revised. At the end of the year their case-load varied from 147 to 196, compared with the previous year's figure of 173 to 240. The reduction in the number of cases allocated to each social worker has already had beneficial effects.

The duties of the mental health social workers may be summarized as follows :—

They investigate all new cases, report on the home circumstances, and make recommendations for their future care. Where Institutional care is required the necessary steps are taken to obtain vacancies in hospitals, and they deal with the legal formalities required under the Mental Deficiency Acts, representing the Authority in the Courts, and where necessary drawing up all the documents and presenting petitions to the Justices for the making of Orders.

They provide supervision for defectives living in the community, including those on licence from institutions, and find suitable lodgings and employment for them. Mention is made of this aspect of the work in their annual reports which appear later in this report.

They also provide a link between the County Medical Officer and the Occupation Centres, make arrangements for the attendance of the patients at the Centres, and of the adult patients who attend daily for training at four of the Mental Deficiency Hospitals in the County.

The following is a summary of the various statutory actions taken under the Mental Deficiency Acts by the Authority's officers during 1957 : —

Placed by parents (Section 3)	.	.	.	.	.	.	62
Orders obtained on presentation of Petitions by the Authority's Social Workers (Section 6)	.	.	.	.	.	.	35
Varying Orders (Section 7)	.	.	.	.	.	.	3
Court Orders (Section 8)	.	.	.	.	.	.	6
Order by Secretary of State (Section 9)	.	.	.	.	.	.	1
Orders obtained by Hertfordshire on behalf of other Authorities	.	.	.	.	.	.	21

The improvement in the waiting position of patients requiring institutional care, referred to in last year's report, has continued. At the end of the year there were only seven patients from the County awaiting admission. Of this number, three were temporarily in other types of hospitals and were not ready to transfer to institutions and in three instances, the parents had asked that the children should not be removed to institutions until early in the New Year. In all these cases vacancies had been offered. The remaining case was under guardianship, and had been recommended for transfer to an institution, but up to the end of the year a vacancy in a suitable institution had not been found.

The waiting list at the 31st December, 1957, is shown in the following table :—

WAITING LIST OF CASES FOR ADMISSION TO INSTITUTIONS ON  
31ST DECEMBER, 1957.

N.W. Met. Reg. Hospital Board						N.E. Met. Reg. Hospital Board				
	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
Males .	1	2	—	1	4	—	1	—	—	1
Females ..	—	1	—	—	1	—	—	—	1	1
Totals .	1	3	—	1	5	—	1	—	1	2

The extensions at Cell Barnes Hospital, St. Albans, were brought into use in April, 1957, and it was largely due to this that the waiting list was cleared. During 1957, 120 patients were admitted to institutions from the County. Details of the age-ranges and Regional Hospital Boards concerned are given in the following table :—

AGE RANGE OF CASES ADMITTED TO INSTITUTIONS DURING 1957.

N.W. Met. Reg. Hospital Board						N.E. Met. Reg. Hospital Board				
	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
Males .	21	18	7	26	72	1	—	—	—	1
Females .	9	6	6	22	43	3	—	—	1	4
Totals .	30	24	13	48	115	4	—	—	1	5

The informal admission of patients to institutions for short-term care, permitted under Ministry of Health Circular 5/52, again proved invaluable. By these means it has been possible to bring some relief to the families of patients for whom permanent institutional care was not desired, and so enable their relatives to have a holiday or overcome some domestic difficulty. Under these arrangements, fifty-eight patients were admitted to institutions for short periods. The following table shows the age-range of these cases :—

CASES ADMITTED FOR SHORT STAY TO INSTITUTIONS AND  
PRIVATE HOMES DURING 1957.

	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
Institutions .	10	19	11	18	58
Private Homes .	—	—	—	—	—
	10	19	11	18	58

#### *Occupation Centres.*

The Occupation Centres continued to provide a much appreciated service for mental defectives living at home. The Centres at Barnet, Hemel Hempstead, Hertford, Hitchin, and Watford are directly provided by the Authority, whilst at Cell Barnes Hospital, by agreement with the Management Committee, twenty-one places in the Hospital Centre are reserved for Hertfordshire children who attend daily.



At the end of the year, 167 mental defectives were on the Centres' rolls, compared with 174 at the end of the previous year.

Despite the high absence rate towards the end of the year, due to the influenza epidemic, 82 per cent of possible attendances were made, as compared with 84 per cent in the previous year.

The following table shows the numbers on roll at the six Centres on the last day of the Autumn term, and also numbers admitted and discharged during the year :—

Centre	Admitted during 1957	Discharged in 1957	On roll last day of term, 1957
Barnet . . . . .	5	9	28
Hemel Hempstead . . . . .	5	3	22
Hertford . . . . .	6	9	37
St. Albans . . . . .	2	3	15
Hitchin . . . . .	3	2	25
Watford . . . . .	5	7	40
	26	33	167

#### *Waiting List and Discharged Cases.*

There were five children recommended to attend the Occupation Centres, awaiting places at the end of the year, and vacancies have been offered for them to commence attendance at the beginning of the Spring term, 1958.

Prompt admission of suitable children to the Occupation Centres was possible throughout the year, due to the number of children leaving Centres.

As will be seen from the following table, thirty-three children were discharged :—

- 18 were admitted to Institutions,
- 1 left County,
- 2 transferred to adult training centres,
- 1 was readmitted to the educational system, and
- 1 left to take up employment,
- 4 were excluded as unsuitable,
- 1 was excluded as being over age,
- 4 were withdrawn by their parents, or discharged for non-attendance, and
- 1 died.

Reason for discharge	Barnet	Hemel Hempstead	Hertford	Hitchin	St. Albans	Watford	Total
Readmitted to the Educational system .	1	—	—	—	—	—	1
Admitted to Certified Institutions, Approved Homes, or placed under Guardianship . . . . .	6	—	5	1	2	4	18
Admitted to Advanced Training Classes .	—	—	—	—	1	1	2
Transferred to another Occupation Centre .	—	—	—	—	—	—	—
Removed from area .	—	—	1	—	—	—	1
Withdrawn by parents or discharged for non-attendance . . . . .	—	1	2	—	—	1	4
Excluded as unsuitable .	2	1	1	—	—	—	4
Excluded as over age .	—	—	—	1	—	—	1
Taken up employment .	—	1	—	—	—	—	1
Died . . . . .	—	—	—	—	—	1	1
	9	3	9	2	3	7	33

The one child readmitted to the educational system during 1957 has been attending a residential special school for educationally subnormal pupils since May, and is making satisfactory progress.

#### *Transport.*

A wide catchment area is served by each of the Occupation Centres, but with the use of the Ambulance Service and of hired vehicles, all parts of the County were covered. 116 mental defectives were conveyed in hired vehicles, forty-two travelled by ambulance, and eight live within walking distance. The one out-County child travelled under arrangements made by the maintaining Authority.

#### *Meals.*

These were obtained from school canteens, under arrangements made with the Local Education Authority. Children under sixteen are charged 10d. for the midday meal. This charge, however, may be waived in necessitous cases, the assessment scale used being the same as the Education Authority's.

Mental defectives aged sixteen years and over who continue to attend the Occupation Centres become eligible for maintenance allowances from the National Assistance Board, and are required to pay the full cost of the daily meal.

One-third pint milk daily is also supplied to children under the age of sixteen at the Occupation Centres. The cost of milk and meals is borne by the Local Health Authority.

#### *Medical Inspection.*

The Centres are visited by an Assistant County Medical Officer, and every child has a full medical inspection at least once a year.

Health visitors also visit the Centres regularly for hygiene inspection.

#### *Premises.*

There were no major works undertaken at any of the Occupation Centre buildings during 1957.

Approval has now been received from the Ministry to begin building a new Centre at Hemel Hempstead, and it is hoped that this will be in use before the end of 1958.

At Hitchin the Occupation Centre is housed in part of The Maples Clinic, in very cramped accommodation. There are two classes and a small playground but it is not possible to increase beyond twenty-five the number of children on roll. It will be necessary to provide larger accommodation for the North Hertfordshire area as the Stevenage and Letchworth areas develop.

#### *Adult Training.*

The Medical Superintendents at Cell Barnes, Harperbury, and Leavesden Hospitals, and the Superintendent of St. Raphael's Colony have very kindly continued to allow a small number of Hertfordshire patients, aged over sixteen years, to attend for training in the workshops of their institutions.

At the end of the year, fourteen patients were still in attendance under these arrangements. A further twenty-two adult mental defectives were continuing to attend the Authority's Occupation Centres, and two other adult mental defectives with physical disabilities were receiving occupational therapy in private establishments, through arrangements made by the parents.

No practicable solution has been found to the general problem of extending occupation and training facilities for adult defectives in the County at a reasonably-sized Centre.

At the end of the year, it was considered that there were some 107 mental defectives, aged sixteen years and over, suitable to attend a senior Occupation



Centre, and twenty-four would be suitable to attend an Industrial Centre. Of this number, thirty-eight were receiving training as set out in the penultimate paragraph.

The following reports have been submitted by the mental health social workers :—

*St. Albans and Dacorum Divisions.*

It is good to be able to begin this report with the news that there is no longer a waiting list of urgent cases in need of Institutional care, with very little prospect of a vacancy for them. Most cases can now be admitted without any great delay, consequently there are no extremely harassed mothers struggling with all the difficulties, in their homes, which the presence of a defective must inevitably cause. From the defectives' point of view, it is much more satisfactory to know they are having the care and training they need, and so being given a chance to progress in so far as they are able to do so.

At the end of the year there were 196 cases under care in these areas, divided as follows—under Statutory Supervision 94, Voluntary Supervision 73, Guardianship cases 5, and 24 Licence cases. A number of new cases were referred during the year, and quite a few of those on Licence were discharged from Order and are doing very well in suitable lodgings and at work. Some of the girls are in resident domestic work and are giving satisfaction. In this connection I would like to mention two sisters who are employed in the kitchens of a local hospital, where they have been for about twelve years. They were originally on Licence from Cell Barnes Hospital, and, although now discharged from Order, the Social Worker still keeps in touch, since they are no longer young, and may need help later on. On a recent visit to the Hospital Matron reported that they did not know what they would do without the two sisters, who so steadily and conscientiously did the dull work of washing up and doing vegetables from morning till 3 p.m. daily, and were so happy and contented with it all. They have a comfortable bed-sitting room in a large house used as a Hostel for staff, and have their own radio and every home comfort, and are very popular with all the staff.

Finding suitable lodgings for men and boys who are coming out on Licence from the Hospitals still remains a very real problem. It is so essential that the landlady should be an understanding woman who can help with the problems and difficulties which arise when adjustments have to be made by the patient to life in the community. What we really need are Hostels where there would be a Master and Matron who would give the right kind of care and supervision, so that the defective could learn to manage his own affairs and become independent.

The Occupation Centre at Cell Barnes continues to prove of great benefit to the children who attend there daily, and there is marked improvement in some cases. Two boys over sixteen attend the workshops at Cell Barnes daily, which they seem to enjoy.

The Occupation Centre at Hemel Hempstead is still at Marlowes Baptist Church Hall, but it is hoped that the new Centre will be built before the next report is written. The accommodation in the present Hall is quite good as a temporary measure, but some parents still prefer to keep their children at home till the new Centre is ready. The fact that part of the accommodation is up a somewhat awkward stair is a cause of some of the difficulties, also the difficult approach to the Hall prevents two of the spastic children from coming to the Centre. Miss Sparks and her staff do excellent work with the children and cope with some very difficult ones with great skill and patience, which is much appreciated by the parents. Two of the children have been re-included in the Education system and are now attending Special Schools. The routine work has included home conditions reports required for the review of orders detaining patients under the Acts and for patients coming out on Licence or



Leave, also for Special School Leavers. A number of Petitions for the making of Orders under the Mental Deficiency Acts have been presented to the Justices, and our thanks are due to them for their willing help.

The St. Albans and District Society for the Mentally Handicapped Children have recently started an evening Club for young men and women who have been under care as mental defectives, and who are now in employment in the community, and it is proving a great success. It is run by voluntary helpers, and there are dancing classes, games, music and singing. It is hoped that there will be a Canteen there soon also. At present the Club meets every two weeks, and the young folk look forward to the evening.

*North Hertfordshire and part of East Hertfordshire Divisions.*

At the end of 1957 there were in these two districts under Social Workers supervision a total of 165 cases, 113 under statutory supervision, 37 under voluntary supervision, 7 guardianship cases, and 8 on licence.

In past years I think the greatest problem facing the Social Worker has been the satisfactory placing of all types of mental defectives in hospitals or other training establishments owing to the lack of accommodation, and names have been on waiting lists for several years. But, gradually the problem is being solved by the opening of additional wards and now at the end of the year it is a relief to find that in North Herts and in the Bishop's Stortford and Braughing areas of East Herts there is no urgent case awaiting residential care and to the Social Worker who has been working in this field for many years, the situation seems too good to be true. But, inevitably no sooner do we seem to be over one hurdle than we are faced with another of equal difficulty—the adequate care, supervision, and employment of high grade defectives in the community. There are many adolescent boys and girls, some without parents, some with kind but inadequate parents, and some with really bad homes and in most of these cases (which cannot be found "subject to be dealt with" by admission to Mental Deficiency Hospitals) it is felt that some type of Hostel with suitably trained staff capable of dealing with this particular type of patient would be invaluable. The numbers of such cases at present are not great but the problem is very real. In North Herts it has been found almost impossible to obtain suitable lodgings for such patients. The motherly type of woman who has so frequently in the past been willing to give a home and care to a backward boy or girl is rarely to be found.

There is also the problem of the boys and girls who can no longer remain in the Occupation Centres which at present cater for children up to sixteen years. It is true that both the Hitchin Centre and the Hertford Centre have been able to admit all small children considered suitable for training but at the Hitchin Centre, to make this possible, it has been necessary to exclude those over sixteen years who could and should have remained in the Centre. Those small children who were admitted when the Centres were first opened have and are reaching the leaving age of sixteen and each year will add to these numbers. While a few are admitted to Mental Deficiency Hospitals, many parents prefer to keep their children at home and it is felt that provision should be made for senior Occupation Centres or classes attached to the existing Centres. This problem is felt more perhaps in the North Division and the northern part of the East Division as there is no Mental Deficiency Hospital situated in these areas as there are in the other areas to which suitable senior boys and girls can go daily.

Whilst the Hertford Centre at the present time provides adequately for the East and Mid Herts area, the Hitchin Centre is full and there are several younger children who will be ready for admission next year and with the greater development of Stevenage New Town and Letchworth more cases can be expected in this area so that increased accommodation need be considered. It cannot be too greatly emphasized how valuable our Occupation Centres are



to the children and to the parents who for the most part are very appreciative of the work done. Children who were almost unmanageable at home have, after a period at the Centre, become disciplined and controlled fitting in more happily with the family. Whilst on the whole the children attending the Centres do fit in and their needs are catered for, we do occasionally have the child who is not only mentally retarded but also is psychotic and it is indeed difficult to deal adequately with this type in the Centres. One such girl has been attending the Hertford Centre since leaving a Rudolf Steiner School at the age of sixteen. She can read, play simple tunes on the piano and do fair handiwork but is generally remote and somewhat intolerant of the other children. Yet at the age of twenty, she does enjoy the Centre and her life would be deprived of much interest and a great strain be imposed upon her mother should she be excluded. Allied to this type of child, Social Workers have frequently referred to them the adult psychopath, of poor intelligence but who cannot be truly classified as mentally defective, who cannot or will not work to support himself or who has become a burden to the family. Much of the Social Workers time is often devoted to this type of case but a solution to the problem is difficult to find. But, in this type of case as most other, although no definite answer to the problem is found, the Social Worker invariably finds that a good deal of help is given indirectly in the relief the parents and relatives find in unburdening their hearts over the problem they feel they cannot mention freely elsewhere. Many a mother has ended a long and often sad and tearful interview with the words: "My husband and I can never discuss our problem together and it is so nice and such a relief to be able to talk about it to someone who understands and to know that someone outside the family is interested in our child's welfare even if nothing can be done to cure him."

*Part of East Hertfordshire Division.*

On 2nd September, 1957, when I joined the staff, my area comprised Hertford Borough, Hertford Rural District, Ware Urban and Rural Districts, Hoddesdon, and Cheshunt, a caseload of 131 defectives. I had visited all these cases under supervision by the end of the year.

It was fortunate to find that the situation for institutional vacancies was comparatively easy and, as a result, the waiting list was completely cleared by the end of the year. Ten patients were admitted, most of them being small children; some had been waiting for a bed for periods of up to two years, and parents had been undergoing considerable strain at home during this time. I was also able to admit, without delay, children who were new to the County and any urgent cases that arose suddenly due to conditions at home. These patients were all offered beds from the North-West Regional Hospital Board due to the increased accommodation at Cell Barnes Hospital.

The problem of the young adult defective living at home with no real occupation appears to be a real one. Although parents often try their best to occupy them, many have not enough to do, and it seems unfortunate that there is no adult occupation centre, where such cases could be happily occupied, apart from St. Raphael's, Barvin Park, where three boys over sixteen attend for daily training.

Work has been found for two girls, both in laundries—one aged twenty had never been employed before due to her childish ways, but has settled down very successfully, and is much more happy altogether. The other, aged eighteen, has worked in factories before but found the pace too fast, and has also been successfully placed in a laundry where there is not the same pressure of speed and time. Efforts made to place a third girl of twenty-one in her first job have failed.

The Hertford Occupation Centre has admitted all those children who are suitable for such training. Several have left in order to be admitted to institutions. Parents have expressed their appreciation of the work done for



the children at the Centre, and the care and consideration which is shown to these children by the Ambulance Service and the taxi services in transporting them each day.

*South and Mid Herts Division.*

In January this area covered Welwyn, Welwyn Garden City, Hatfield, Hoddesdon, Cheshunt, Cuffley, Barnet, and Elstree, with a total number of 218 defectives under supervision. In September, the area was altered, Hoddesdon and Cheshunt being deleted; and from 1st January, 1958, Welwyn and Welwyn Garden City will also be deleted, which means that closer supervision will be possible and many patients who were not able to have the attention they required will now be adequately supervised.

The outstanding event in 1957 has been the opening of new wards in Cell Barnes Hospital and the pleasant task for Social Workers of being able to visit parents and offer relief, for the first time.

During the year there have been 10 female and 7 male urgent admissions, due to unsatisfactory behaviour at home, sexual offences or sudden illness of the relatives; 12 female and 13 male routine waiting list admissions, and 2 admissions through the Courts, making a total of 44 admissions in this area.

Two female patients on Licence have had to be returned to hospital under protest, due to unsatisfactory behaviour, one of whom had to have police escort, and have now been transferred to Rampton State Institution. Thirty-eight Petitions have been presented to Justices, some on behalf of other Authorities, the remainder of the admissions to Cell Barnes Hospital having been children placed under Section 3 of the Mental Deficiency Acts.

The difficulty of finding suitable employment and lodgings for adult male defectives persists; in the New Town and London County Council Estates there are many skilled and semi-skilled workers seeking employment locally, which makes the chances for an untrained and slow worker very scarce, and placing Special School leavers is also difficult. On the other hand, there are many of these high-grade boys who are quite capable of holding employment, but refuse to make any attempt to do so, going from job to job from which they tire in a few weeks and becoming members of unruly gangs of loafers. One such boy moved into Hertfordshire and obtained well-paid employment, working hard at his job, but spending his evenings in unsuitable company, and started taking cars for rides, leaving them wherever convenient. He was charged before the Court and sent to a Training Centre for a three month's intensive course which did him a tremendous amount of good. The Social Worker feels that sending this type of defective to an Institution or Hospital for an indefinite period is not always the best way of dealing with the case, and should the new legislation be that defectives may be dealt with as ordinary criminals, this may make many of them think twice before committing an offence. Of course, as previously stated by all the Social Workers, Hostels where the boys can have supervised evening occupation and companionship would be a great help and interest for them.

Factory employment is still not easily obtained for girls of this type, but generally speaking the hospitals are very helpful in giving supervision to their domestic staff, and Canteen Supervisors have also been co-operative, this being the type of work for which most defectives are suitable, if at all employable. The two girls who had to be returned from Licence were in daily employment and not receiving adequate supervision from their parents, in spite of frequent visits from the Social Worker. Neither of the parents co-operated with the Social Worker by telling her the truth because they knew that their daughters would be removed from Licence and they would then lose their income.

The parents of the younger children under supervision are grateful for the training given at the Occupation Centres, and even if some of them appear to be learning little, at least the mothers are having relief every day and so are able to carry on when the children return home, thereby keeping them as



members of the household and leaving residential vacancies for more deserving cases. These children have regular medical inspections and the Social Worker has taken three of them for dental treatment when their parents have been unable to do so.

It is good to be able to record that two of the children from Barnet Occupation Centre have been recommended for Special School training, one boy has been admitted and a girl is to start home tuition via Education System in January.

It was with great regret that this Centre lost the services of Mrs. McLachlan at the end of the Christmas Term, she had taught the youngest class for eight years and both the parents and children were sorry to say goodbye to her. It is hoped that she will call and see them from time to time.

Two boys have had to be excluded from the Centre during the year, due to unsuitable behaviour and the fact that they needed one person's whole attention. There are several bigger boys who, while they do not need to be excluded, really have not enough space to use up their energy and it is hoped that when a paved playground is provided they will be able to have outside recreation except when it is raining.

#### *South-West Hertfordshire Division.*

This area, comprising Watford, Watford Rural District, Bushey, Rickmansworth, and Chorleywood, was handed over as a separate entity to a new Social Worker in August, 1956, but, owing to the illness of a colleague, she was not able until this year to concentrate her energies upon it. The register for the area contained the names and addresses of 108 patients under statutory supervision and 56 patients under voluntary supervision and, during the year, the Social Worker was able to visit practically all of them, in addition to patients under guardianship or on licence from institutions. While the County had been staffed by only three Social Workers, it had not been possible for all defectives to be visited regularly but Probation Officers or other Social Workers had apparently stepped into the breach and it was found that most needs had been met.

In a few cases, defectives had left the County, and others had become sufficiently stabilized for further supervision to be considered unnecessary. Such a decision cannot, however, be made too hastily: one epileptic young man who was at first thought to come within this category has since needed more of the Social Worker's time and energy than many others put together. The case came back to our notice as a result of an application for appointment of a manual worker grade on the County staff. He, his wife, and children were living in a caravan and were about to be taken to Court with a view to eviction from the site. He had nowhere to go but, after considerable difficulty, room was found for the caravan on a private site where the owner, who already has three or four defectives in his household, is able to give the young couple kindly supervision. Their difficulties are not at an end, however, as with typical lack of foresight, the young man gave up his job and has not yet succeeded in finding regular work: the hire-purchase instalments on the caravan are not therefore being paid and there is a possibility once again of eviction, this time from the caravan itself.

At the beginning of the year there were a number of patients awaiting institutional care, some of them—mainly children—having been on the waiting list for years. It was fortunately possible to get one of the most urgent, a small boy, admitted to Bromham Hospital and another to St. Francis School, Buntingford, and in the Spring of this year, when the new wards at Cell Barnes were eventually opened, the remainder were admitted there, providing much-needed relief for the families concerned. During the year, twenty-six patients from this area have been admitted to institutions under Order and fifteen others were admitted for periods of up to eight weeks each in order to give



relatives a respite, perhaps during the mother's illness or confinement or to enable the parents to take a well-earned holiday.

In addition to the preparation of the legal documents in connection with these admissions and the presentation of Petitions where applicable, the Social Worker also presented thirteen Petitions for Orders under Section 6 of the Mental Deficiency Acts, detaining at Leavesden Hospital patients placed there temporarily by the London, Middlesex or other neighbouring authorities, the Board of Control having ruled that such action *must* be taken by the authority in whose area the hospital is situated.

The Watford Occupation Centre, with forty-two children on the roll at the beginning of the year, has continued to fill a very great need and the parents much appreciate all that is done for the children by Miss Berry and her staff. During the year, five children were considered suitable for admission and vacancies were fortunately available for them, seven children having ceased to attend the Centre. Of the latter, four had been admitted to institutions, one was attending Leavesden Hospital daily for advanced training, one had been withdrawn by her parents and one had died. The majority of the children who attend the Centre are under sixteen years of age but there are a few older girls and one older boy whose parents prefer him to remain as long as there is a vacancy available. He gives absolutely no trouble and there seems no reason why he should not stay until the vacancy is needed for a younger child.

We are very fortunate to be able to send six or seven older boys to Leavesden Hospital daily for training in the adult Occupation Centre. This arrangement, however, only partially meets the need, as there are other young men and some young women who would benefit from this type of training, and a few who could probably be trained under sheltered conditions to do some kind of remunerative, routine work. In spite of close co-operation with the Youth Employment Bureau and the Disablement Resettlement Officers, the Social Worker finds it very difficult to obtain employment for the "borderline" cases, apart from in the hospitals and one or two schools who have been willing to take girls on the domestic staff. The feeble-minded require a very sympathetic environment and, not only is there plenty of labour available around Watford but the few firms who understand the problem and are prepared to help are already in touch with Leavesden Hospital. This hospital, which takes patients from London, Middlesex, and other neighbouring counties, is making a special drive to find work in Watford and district for those who are able to go out daily, and employs its own Social Worker who can concentrate on the problem. All that can be done for those living in their own homes for whom employment cannot be found, therefore, is to ensure that they are receiving the appropriate allowances from the Ministry of Labour and National Insurance or the National Assistance Board. They have no outlet for their energies and no company of their own kind, and their relatives have no relief—unless they are prepared to ask for institutional care—from the constant strain of caring for them.

#### LUNACY AND MENTAL TREATMENT ACTS.

YEAR TO 31ST DECEMBER, 1957.

##### *Report of Senior Authorized Officer.*

The Hill End Hospital continues to accept cases from the St. Albans, Welwyn and Hatfield, and Dacorum areas, and as from the 1st May, 1957, the East Barnet Urban and Elstree Rural Districts were included in this Hospital's catchment area instead of Napsbury. Napsbury covers the South-West Hertfordshire area and the Urban District of Barnet. The Three Counties Hospital still deals with most of the North Hertfordshire area. Cases arising within the North-East Metropolitan Region are admitted to Claybury. The North Middlesex Hospital also continues to accept cases for "observation" under Section 20. The small portion of the north of the County within the East Anglian region is covered by the Fulbourn Hospital.



Mr. W. T. Medhurst, Duly Authorized Officer for the East Hertfordshire area, died suddenly in December, 1957. He has been replaced by Mr. J. H. Webster.

Mr. P. M. Overton replaced Mr. K. Blakeley as assistant in the North Hertfordshire area.

Cases were dealt with, as follows, by the Duly Authorized Officers under the Lunacy and Mental Treatment Acts, as amended by the National Health Service Acts, 1946 and 1949 :—

	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>
(1) <i>Reception Orders (Certified Patients).</i>				
Admitted direct to hospital . . . . .	12	32	—	44
Admitted to hospital after " observation " under Sections 20/21 . . . . .	2	1	—	3
By action subsequent to making of Urgency Order . . . . .	21	56	—	77
By action subsequent to admission as Voluntary Patient . . . . .	7	1	—	8
By action subsequent to admission as Temporary Patient . . . . .	—	—	—	—
(2) <i>Voluntary Patients.</i>				
Admitted direct to hospital through the Authorized Officers . . . . .	34	39	1	74
Admitted to hospital after " observation " under Sections 20/21 . . . . .	19	14	—	33
By action subsequent to admission to hospital under Urgency Order . . . . .	76	168	—	244
(3) <i>Temporary Patients.</i>				
Admitted direct to hospital . . . . .	—	1	—	1
Admitted to hospital after " observation " under Sections 20/21 . . . . .	1	—	—	1
By action subsequent to making of Urgency Order . . . . .	12	12	—	24
(4) <i>Urgency Orders</i> . . . . .	127	266	1	394
(5) <i>" Observation " Cases.</i>				
Patients admitted to " observation " wards under Sections 20/21 (including those above who were subsequently admitted to Mental Hospitals) . . . . .	32	18	—	50
(6) <i>Patients recommended for Clinical Treatment and other persons advised by the Authorized Officers.</i> . . . . .	29	55	—	84
Total " actions " taken (excluding " out-county " cases—see below) . . . . .	372	663	2	1,037

Many patients are the subject of more than one " action ", e.g. first admitted under an Urgency Order and subsequently certified or transferred to the Voluntary Class, etc.

The total number of individuals included in the above statistics is 635 (235 men, 398 women, and two children), as compared with 604 in 1956. These figures do not include many persons admitted as voluntary, etc., patients through their own doctors, psychiatric out-patient departments, or otherwise than by reference to the " Duly Authorized Officers ".

It is interesting to note that the total number of persons admitted directly to Hospital under Reception Orders (Certification) during 1957 was forty-four as compared with an average of 104 over the previous eight years and the number subsequently certified after initial action under other provisions was eighty-eight, as compared with an average of 123 over the previous eight years.

The number of cases admitted to Hospital under Urgency Orders rose slightly from 383 in 1956 to 394 in 1957 (representing 62 per cent of the total number of individuals dealt with), and the number of cases admitted to

Observation Wards was fifty (thirty-two in 1956). Of these 444 patients only 18 per cent were subsequently "certified"; 62·3 per cent became voluntary patients and 5·6 per cent temporary patients.

Of the Urgency Order cases twelve died before subsequent action became necessary and thirty-seven were discharged, or otherwise dealt with without further action under the Acts.

Of the fifty cases dealt with under Sections 20/21, thirty-five came from East Hertfordshire area and were admitted to the "observation" wards at the North Middlesex Hospital. The remaining cases came from the South and South-West Hertfordshire areas and were admitted to several hospitals in the London area.

Under Statutory provisions, where cases are admitted to the Napsbury and Shenley Hospitals in this County from their wide catchment areas outside Hertfordshire, other than under Summary Reception Orders, and further action is subsequently required, it is necessary for Hertfordshire Duly Authorized Officers to be called in to take such action. During the year eighty-three of these cases (thirty men and fifty-three women), the same total as the previous year, were dealt with by the Officers for the St. Albans and South Hertfordshire areas. These cases are in addition to those shown in the above table and add to the work of the Officers in the areas concerned.

The following is a comparison with figures for 1955 and 1956 :—

	1955.	1956.	1957.
(a) Certified patients . . . . .	253	168	132
(b) Urgency Orders . . . . .	412	383	394
(c) Temporary patients . . . . .	58	43	26
(d) Section 20 ("observation" wards) . . . . .	28	32	50
(e) Transfer to voluntary class after admission to "observation" wards or under Urgency Order, etc. . . . .	206	236	277
(f) Voluntary patients admitted direct through Duly Authorized Officers . . . . .	37	48	74
(g) Total number of individual patients dealt with by Authorized Officers . . . . .	697	604	635

During the year under review, the following persons of pensionable age were certified :—

60-64.		65-69.		70-74.		75-79.		80 and over.		Total.		
M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	T.
—	7	1	4	2	9	—	7	6	13	9	40	49
Previous year										23	49	72

Although the population of the County has increased by approximately 24 per cent since 1949, the total number of persons actually dealt with by the Duly Authorized Officers in the County during 1957 was slightly lower than the total for 1949.

To some extent this may be due to the fact that more patients are probably seeking Hospital treatment at an early stage as voluntary patients directly through their own medical advisers and to the development of Clinical treatment at Psychiatric Out-patient Departments at various Hospitals

#### NURSING HOMES.

The number of Nursing Homes registered under the Public Health Act, 1936, at the end of 1957 was twenty-five. These Homes in total are registered for sixty-two maternity cases and 348 medical, surgical or chronic sick patients. The Homes were inspected regularly by the Nursing Officers.

#### PRIVATE OLD PERSONS HOMES.

These Homes are registered by the Welfare Committee under the National Assistance Act, 1948, but are inspected regularly by the Nursing Officers, on behalf of the Welfare Department. At the 31st December, 1957, there were thirty-two Old Persons Homes registered and under supervision.



## NURSES AGENCIES.

Only one Agency is registered with the Hertfordshire County Council.

## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

TABLE 37.

	Nurseries	Daily Minders	Places Provided
1954	5	28	104 } 396 292 }
1955	9	32	142 } 460 318 }
1956	14	49	316 } 765 449 }
1957	17	59	391 } 830 439 }

The number of daily minders registered at the end of 1957 includes those who are willing to take children under the County Council's scheme for the daily care of children who come within the categories eligible for day nursery admission.

*ENVIRONMENTAL HYGIENE AND SANITARY ADMINISTRATION*

This report deals with the work of the County Health Inspector.

The number of T.B. positive milk samples increased during the year and, in fact, the figure for non-designated herds was higher than at any time since 1950. One must not be misled by these figures, however, because in 1950 there were 366 non-designated herds in the county while in 1957 this number had been reduced to 176 owing to the herd policy of the Ministry of Agriculture, Fisheries, and Food. Many of the remaining herds belong to farmers who are unwilling to face the cost of removing reactors. Their herds contain a high proportion of such animals and it is not surprising that we get a number of T.B. positives from them. The Ministry's T.B. eradication programme will mean that non-attested farms will disappear within the next two years. In the meantime, pasteurization of milk provides considerable protection to the public.

During the year increased interest was shown in the construction of swimming pools built by Parent-Teacher effort. Inquiries on chlorination procedure and control were received not only from headmasters within the county, but from sources outside the county. The lead given by one school in 1956 has resulted in the construction of two further baths and eight others are either under construction or contemplated. These pools so far are using a simplified process for sterilizing the water, details of which are given in the body of the report.

Much detailed inquiry work was carried out into Water Supply and Sewerage Schemes, and there were some interesting developments during the year. Prices continued to rise and it has been said that the capital cost of schemes has increased by some 4 per cent each year. Towards the end of the year, however, reports were received that more firms were tendering than in the past, and competition for work was becoming more keen. If this tendency continues it will mean that the rise in the cost of these projects, which has been one of the depressing features in the post-war years, will tend to slacken, and the price paid for delay in the implementation of schemes will not be as great as previously.



## MILK AND DAIRIES.

*(a) Sampling of Milk for the Detection of Tubercle Bacilli.*

Each tuberculin tested herd is sampled once a year and the non-designated herds once every six months. The following table shows the result of our biological sampling activities over the past five years. The total number of samples has fallen off slightly owing to more farms becoming tuberculin tested and being included in the twelve-monthly sampling rota.

## TUBERCLE SAMPLES.

TABLE 38.

Year	Total No. of Completed Tests	Non-Designated			Accredited *			Tuberculin Tested		
		Neg.	Pos.	%	Neg.	Pos.	%	Neg.	Pos.	%
1953	1,199	498	15	2.92	143	5	3.38	537	1	0.19
1954	1,047	442	9	2.00	93	4	4.12	498	1	0.20
1955	924	345	5	1.43	—	—	—	574	—	—
1956	1,016	329	9	2.66	—	—	—	677	1	0.15
1957	949	236	10	4.07	—	—	—	700	3	0.43

\* "Accredited" ceased to exist as a special designation on the 30th September, 1954.

The three-cornered liaison scheme which exists between the Divisional Veterinary Officer, the District Medical Officer of Health, and the County Medical Officer has been successfully continued. Positive sample results are immediately reported to both the District Medical Officer and the Divisional Veterinary Officer; the former because he has powers for stopping or diverting the milk for pasteurization, and the latter for the subsequent herd investigation and removal of infected animals under the Tuberculosis Order, 1938.

As a result of sampling from all herds, four cows were slaughtered under the Tuberculosis Order, 1938, during the year. Four suspected animals had been removed from herds between the time of sampling and the investigation carried out by the Veterinary Officer.

It is not always possible to find the infected cow at the herd investigation. We have been unfortunate this year in that in a number of cases the secreting animal was not discovered. Where this has happened, a careful watch has been kept and biological samples were obtained rather more frequently.

While this three-cornered liaison scheme works well, responsible officers are hampered by the complexities of the legislation which deal with infected milk. Although County Councils have the responsibility under Section 31 of the Food and Drugs Act, 1955, of prohibiting the sale of milk from tuberculous cows and cows scheduled as suffering from certain other diseases, the powers of stopping the sale of, or diverting, milk for pasteurization rests with the District Medical Officers, and are contained in the Milk and Dairies Regulations, 1949. The actual work of locating the infected animal is carried out by the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries, and Food, acting under the Tuberculosis Order, 1938. If the Medical Officer is satisfied that the Divisional Veterinary Officer has got to the root of the trouble, he need not take any other action, but if he still thinks that the milk may be infected, then he can divert it. The farmer, if he had no reason to suspect that the cows were infected, can claim compensation for any loss which he may incur, such as freight charges or loss of goodwill. A proportion of this compensation is borne by the District Council. It is possible for a rural district in which the farm is situated to be called upon to "foot the bill" in order to protect the health of a comparatively rich urban area where the milk is retailed. Veterinary investigations may be protracted over a period of many months as it is always necessary to check the milk of cows which may have gone dry between the taking of the sample and the notification of a positive result. This means waiting until



the animal comes into milk again and in the meantime, provided no other infected animal has been found, the payment of compensation may well have to continue. It is fortunate that by far the greater bulk of the county's milk is pasteurized, and, in fact, all non-designated milk has to be pasteurized because the county is a "specified area".

### (b) *Brucella Infection in Milk.*

Our biological samples are tested for the presence of brucella organisms in addition to those of tuberculosis. *Brucella abortus* causes contagious abortion among cattle, and is responsible for undulant fever in man. Undulant fever is not a notifiable disease and no cases came to light during the year. As a precautionary measure, and because of their responsibilities under the Milk and Dairies Regulations, District Medical Officers are notified of all brucella positive milk samples, although it is extremely difficult for them to take any constructive action. The same rules regarding compensation for stoppage or diversion of infected milk apply to brucella-excreting herds as those for tuberculous herds. The position here, however, is complicated by the fact that a farmer cannot legally be required to remove a brucella-excreting animal from his herd, and infected animals may well go on excreting the organism over a period of years. In addition, animals may excrete brucella intermittently, and a negative sample after a positive one does not necessarily mean that there is no longer an infection in the herd. If the majority of successive samples from the herd are brucella positive, then a District Council attempting to enforce its powers under the Milk and Dairies Regulations might find itself compensating a farmer for any losses he may incur following the diversion for pasteurization of his milk supply. Such measures would seem hardly justified in the light of the comparative rarity of undulant fever.

Positive samples were found in 1.71 per cent of the tuberculin tested samples examined and in 6.09 per cent of the samples from non-designated herds.

These figures showed a slight decrease in the number of positive samples obtained from tuberculin tested herds but an increase in samples from non-designated herds. The explanation may lie in the poorer standard of hygiene in many of the non-designated herds, and less effort to control brucella by protective inoculation.

### (c) *Methylene Blue/Biological Samples.*

In order to assist the Agricultural Executive Committee in their control of milk production methods on non-designated farms which are not subject to routine sampling, a scheme has been devised whereby at selected farms additional samples are taken by the County Sampling Officers at the same time as biological samples. These are subjected to the Methylene Blue Test which gives an indication of the cleanliness of the milk. There is no statutory cleanliness test with which non-designated milk must comply but the Methylene Blue Test forms a valuable guide on cleanliness, and it is considered that this additional sampling on the part of our Sampling Officers entails so little extra work as to be well worth while.

Failing samples are reported to the County Milk Advisory Committee. In the case of a first failure, an offer of help in tracing the cause is made. If a second failure occurs, the farm is visited by the County Milk Production Officer who advises on cleaning methods and structural conditions.

It should be made clear that many of these samples are obtained from farms where the Sampling Officers suspect that a low standard of hygiene exists.

The following table is the result of our methylene blue sampling activities during the year :—

## METHYLENE BLUE SAMPLES.

TABLE 39.

Number	Pass	Fail	Percentage
53	44	9	17·0

The results seem to bear out the accuracy of the Sampling Officers' judgment.

*(d) Supervision of Pasteurizing Plants.*

The County Council, in so far as it is a Food and Drugs Authority, licences and supervises pasteurizing plants throughout the county. There are twelve plants under our control and of these five are High Temperature Short Time plants and seven are Holder plants.

The High Temperature Short Time plant subjects milk to a pasteurizing temperature of not less than 161° F. for a period of not less than fifteen seconds, while the batch holder heats and retains the milk at a temperature between 145° F. and 150° F. for not less than thirty minutes.

The following table shows the result of pasteurized milk samples taken during the year :—

## PASTEURIZED MILK SAMPLES.

TABLE 40.

	Phosphatase Test			Methylene Blue Test		
	Pass	Fail	%	Pass	Fail	%
Holder . .	429	1	0·2	402	—	—
H.T.S.T. . .	334	1	0·3	297	1	0·3
Totals . .	763	2	0·3	699	1	0·1

Sixty-five samples were not subjected to the Methylene Blue Reduction Test as the atmospheric temperature at the time of sampling exceeded 65° F. The regulations which control the testing of pasteurized milk samples state that where the atmospheric shade temperature between the taking of the sample and its testing in a laboratory exceeds 65° F., then the test shall be void. The result of this is that during the hot weather no estimate can be made of the keeping quality of pasteurized milk samples. In order to overcome this, the laboratories are now carrying out the test irrespective of atmospheric temperature, but they are asked, when reporting the result, to indicate where the temperature has exceeded 65° F. We find that many milk samples pass the prescribed test in spite of high temperatures. Others fail regularly and although no action can be taken on samples which have not been tested in accordance with the regulations, a useful guide is found in the results. In dairies where failures are frequent during hot weather, advisory work can be carried out and checks made on the cleanliness of equipment without, of course, the likelihood of any statutory action.

A total of 614 visits were made to pasteurizing plants by Officers of the Department during the year.

*(e) Churn and Bottle Rinse Samples.*

In order to check on the efficiency of churn and bottle washing at pasteurizing plants, rinse samples were taken from time to time during the year. The following results were obtained :—



## BOTTLE AND CHURN RINSES.

TABLE 41.

	Number	Satisfactory	Fairly Satisfactory	Not Satisfactory
Bottles . . .	127	70	21	36
Churns . . .	34	22	4	8

The interpretation of results is based on the provisional classification of the Public Health Laboratory Service.

*Mean bottle count, reckoned as per pint bottle.*

Not more than 600 . . .	Satisfactory.
Over 600, but less than 2,000 . . .	Fairly satisfactory.
Over 2,000 . . .	Unsatisfactory.

*Colony count per churn.*

Not more than 50,000 . . .	Satisfactory.
Over 50,000, but less than 250,000 . . .	Fairly satisfactory.
250,000 and over . . .	Unsatisfactory.

Visits were made when failures occurred, and advice was given where necessary.

## CYSTICERCUS BOVIS.

From time to time during the past ten years, the reports of the Medical Officers of Health for Watford and Letchworth have contained references to the incidence of infection with cysticercus bovis in the carcasses examined in the slaughter-houses visited by the Public Health Inspectors. I am indebted to Mr. Jump (Senior P.H.I., Letchworth U.D.C.) for the following note on local and national experience in this context:—

“In the autumn of 1948 the Ministry of Food issued a circular to local authorities requesting officers engaged in meat inspection at slaughter-houses to make a special examination for the parasitic condition known as cysticercus bovis. This infection is commonly known as “beef measles” and the consumption of infected beef can cause tapeworm in man (taeniasis). The circular was issued because a number of human cases had been reported from various parts of the country.

Prior to 1948 very few cases of cysticercus bovis had been reported from slaughter-houses in this country and it was considered that the infection was extremely rare but the special examination proved that a significant number of cases could be found. During the decade, meat inspectors have developed various techniques of examination and at slaughter-houses where there is a detailed and thorough inspection the infection rate frequently exceeds 3 per cent of beasts slaughtered. This has been the experience at two slaughtering centres in the County, namely Watford and Letchworth. The national incidence is not known but what information is available suggests it is below 0·5 per cent but there are good grounds for thinking it is really much higher.

The discovery of cysts by the meat inspector and the treatment or condemnation of the infected meat and organs does break the chain of parasitic infection in these specific cases but such a procedure cannot be regarded as dealing adequately with the problem. At the present time far too little is known to assess accurately the extent of the infection or to establish whether it is a major or minor public health problem. Some research has taken place but further investigation is urgently required into both the human and the veterinary fields.”

It is noted in Mr. Jump's report that, at the present time, too little is known to say whether this is a major or minor Public Health problem. The number of human cases infected with the tapeworm which derives from the cysticercus is small as far as is known, but this may mean only that the majority of persons infected with this tapeworm are unaware of the fact.



If it is true that most persons infected with *Taenia saginata* suffer neither mental nor physical ill, it would probably be best to refrain from stimulating interest in this subject. On the other hand, it must be remembered that those with experience in dealing with endemic parasitic infections often report that people were blissfully unaware of the fact that they had been ill until they began to feel well.

At the present level of infection, measely beef is not a serious problem. The infected carcass can be dealt with by cold storage for a period of three weeks. This, of course, may call for a considerable increase in the storage facilities at the slaughter-houses.

In our present state of knowledge, perhaps the only positive statement one can make is that there should be some high-level decision as to whether this infection matters or does not matter. The time required for a meat inspection which eliminates the possibility of the carcass being infected with *cysticercus bovis* is very much greater than one which does not do so. Public Health Inspectors are in short supply, meat inspection is becoming an increasingly heavy burden, and it seems pointless to continue a time-consuming process unless it is established that it is worth while.

There is, however, another aspect of this problem. If 3 per cent of our beef cattle are infected, it means that there must be a fairly widespread source of infection, and this implies that the eggs of *Taenia saginata* are present in a higher proportion of human faeces than one would have expected from the number of cases reported. The moral, of course, is that, until we are sure that neither human nor bovine infection with this parasite is important, it behoves us to try to break the life-cycle at its two vulnerable points by ensuring—

(a) that meat is properly cooked so that the *cysticercus*, if present, is killed ;

(b) that human excrement is disposed of in such a way that beef cattle cannot become infected.

As with domestic refuse, the disposal of sewage sludge is presenting difficulties in this County. Farmers are being urged to take sludge in various forms for use as fertilizer on farmland. It has been established that the eggs of the *Taenia saginata* can survive for considerable periods in untreated sludge, and it is a wise precaution to insist that sludge of this type which is being used on farmland should not be spread on grassland which is to be used for cattle grazing. Fortunately the eggs do not remain viable in sludge which is passed through a process of sludge digestion in heated tanks, and this of course is true also of sludges which have gone through a further process of artificial drying. Even if it were practicable to exclude entirely the risk of cattle grazing on untreated sludge, it would still only be a partial solution since it is known that the ova can remain viable after passing through the alimentary tract of seagulls and other birds liable to transfer infection from sewage treatment works to farmland.

#### SCHOOL SWIMMING BATHS.

Thirty-five swimming baths are now approved for use by county school-children. Altogether 518 samples were taken during the year, and of these twenty-three were unsatisfactory. Of the 440 samples taken from the twenty-six baths using a continuous process of purification, there were fifteen failures shared between eight baths. In all cases failures were due to inadequate chlorination. At one school the person responsible for supervising the swimming bath realized from the growth of algae round the sides that the automatic chlorine dosing apparatus was not introducing a sufficient quantity of chlorine to maintain the required residuum. He tried to remedy this by adding generous but unpremeditated doses of chloride of lime. This was not a success and merely increased the cloudiness of the water. The bath was temporarily closed and the sides and floor thoroughly disinfected by scrubbing with a strong



hypochlorite solution. After being refilled, tests were carried out to see how thoroughly the automatic dosing apparatus could distribute chlorine throughout the pool in the face of fairly heavy bathing loads and it was noticed that there was a falling off in the chlorine residuum away from the shallow end where the chlorinated water was introduced. By the time the water reached the deep end all traces of chlorine had disappeared. A remedy was found by introducing booster doses of chlorine in the form of a hypochlorite solution at the sides near the deep end and at the deep end of the pool itself. This, together with the addition of copper sulphate in the dilution of  $1\frac{1}{2}$  lb. per 100,000 gallons prevented the growth of algae. The water remained clear and bacteriologically satisfactory for the rest of the season.

This example shows the need for checking the chlorine residuum at the point furthest from the inlet, and where the bathing load is heavy it may be necessary to resort to the remedy outlined above. The growth of algae round the sides near the deep end must always be regarded as an indication that the organic matter introduced during bathing is absorbing the chlorine before it can be thoroughly distributed throughout the bath.

Of the seventy-four samples taken from the "fill and empty" baths there were eight failures. Five of these were obtained from one bath where there was some overloading during the year. In many cases samples were obtained immediately before the baths were due to be emptied and therefore the examination was carried out under the worst possible conditions. One small "teaching" pool built by parent-teacher effort which came into full operation during the year gave thirteen satisfactory samples and no failures.

Mention has been made in the introduction to this section of the Report of the growing interest shown by Parent-Teacher Associations in the construction of swimming pools at various schools in the county. The history of this movement in the county goes back to 1955 when plans were prepared and work began on a small teaching bath at a Junior Mixed and Infants School. The pool was eventually completed in 1956 and in that same year work began at a Secondary School on a larger pool, again to be run on the "fill and empty" principle. It became obvious that the individual achievements of the two Parent-Teacher Associations would encourage other bodies to follow their example. At the time of writing this Report, four such pools have been completed, and at least two others will be in operation next season, while plans have been submitted from four other schools.

In my 1955 Annual Report, some details were given of the control and maintenance of "fill and empty" baths. There has been a considerable demand for these notes and a fuller report is being prepared for the medical press. The following is a brief summary which may help those who find themselves involved in this movement.

Our early experience of "fill and empty" baths in this county was not a particularly happy one. For instance, in 1950 we recorded 34 per cent of failures in bacteriological samples obtained from the four "fill and empty" baths then in use. Our investigations showed that by far the most frequent cause of trouble was a failure to ensure a chlorine residuum of at least 0.5 parts per million. There was also a tendency to change the water at infrequent intervals and a general lack of planning of swimming programmes with the result that water was kept in the pool longer than necessary because "we couldn't have had it refilled in time for the swimming gala" or similar reasons. In order to ensure success with this type of pool it is necessary to consider the subject under three headings:—

#### (1) *Construction.*

It is preferable to build small pools with parapet walls surrounding them as not only does this reduce the cost of excavation, but it also prevents dust and leaves from being blown along the ground and into the pool. Trees always cause difficulty in the vicinity as their leaves fall into the



water and interact with the chlorine which would otherwise be available for the destruction of bacteria. Their roots can cause structural damage. The pool should have a smooth internal surface, preferably finished with a chlorine resistant paint. A footbath is necessary and here the water should be more heavily chlorinated than that in the main pool. The water in the footbath should be changed every day.

Assuming that a more up-to-date form of water treatment will one day be required, we insist that blanked-off inlet pipes be built in the walls of the pool so that a circulation system can be included at a later date without too much difficulty. There should be space in the vicinity of the pool for the construction of a small filter house and pump, together with the necessary chlorine injection apparatus.

Speed of emptying and filling the pool is important and where possible a 2 inch or even a 3 inch main should be used to supply the pool. The outlet design should be sufficient to allow the pool to be emptied within a few hours without surcharging the sewers. The District Council should be asked for their advice on this.

Normally the water inlet to the pool will be submerged, and the Local Water Undertaking may require precautions to be taken to prevent water from the pool being drawn back into the drinking water pipes in the event of there being a reduction in mains water pressure.

## (2) *Control.*

Having filled the pool, swimming must not take place until a chlorine residuum of 0.5 to 0.7 p.p.m. has been built up. It is always a good idea to introduce chlorine into the pool at night as it is well known that sunlight causes a considerable chlorine loss and during the hours of darkness a satisfactory residuum will continue its work of sterilizing the water and there should be enough chlorine left by the morning to obviate the need for anything more than "topping up". Several chlorine readings should be taken during the day and hypochlorite added when necessary. It is useful to keep a graph in which the chlorine content is plotted against the time of day. This will enable the operator to determine from experience the "danger spots" when the chlorine is most likely to fall off, and it will also bring home to him the effect which a heavy bathing load has on the chlorine figure.

In waters which are naturally alkaline, such as those from chalk sources, it may not be necessary to add alkaline solutions to the water, but where the water is naturally acid, or becomes so because of bathing activity, then it is useful to adjust the pH value to a figure of about 7.8. This reduces complaints from bathers of smarting eyes.

Experience will enable permissible bathing loads to be determined. The numbers should be regulated to that which will allow the required chlorine residuum to be maintained.

The growth of algae can be controlled by the addition of a small amount of copper sulphate in solution—certainly not more than the equivalent of 1½ lb. per 100,000 gallons of water capacity. A small pool would, therefore, only require a few ounces. As this substance is highly poisonous there should be only one addition made per filling. The solution of copper sulphate can be introduced into the pool by means of a watering can or stirrup pump.

## (3) *Emptying and Cleaning.*

The frequency of emptying is determined by two factors: volume of water and bathing load. The need to refill can be gauged by the appearance of the water together with the ease with which the chlorine content can be restored by the addition of economical quantities of hypochlorite.



After emptying, sides and floor of the pool should be thoroughly hosed down and areas of discoloration scrubbed clean. The scrubbing-down water should contain a fairly large amount of hypochlorite; about one pint in four gallons of water is usually sufficient. The surrounds to the pool should be similarly treated.

Detritus will settle on the floor of the pool and can be removed by sweeping it towards the outlet by means of a long-handled weighted broom. Careful sweeping will cause surprisingly little turbulence and it will be found that the detritus can be drawn off by temporarily opening the outlet valve to the pool. Debris floating on the surface tends to collect in one corner under the influence of the prevailing winds and can be skimmed off with a simple apparatus such as a large shrimping net which is easily made from some muslin and wood. In practice it will be found that much of the surface debris finds its way into the scum channel and to waste, provided that the water level of the pool is kept to the level of the scum channel.

In order to reduce frost damage, it is usual to keep an open-air pool filled during the winter months otherwise successive frosts will result in deterioration of the surface owing to water finding its way into minute crevices and freezing. When the pool is being prepared for the swimming season, it is inevitable that a "tide mark" of algae will be present and this can be removed by using a stiff bristle brush and soap solution.

#### WATER SUPPLIES AND SEWERAGE SCHEMES.

The following new schemes were submitted by Rural District Councils during the year for consideration for County Grant.

##### *Sewerage Schemes.*

Only one scheme for sewerage was put up during the year and although the County Council gave its blessing, there was no question of grant since the Ministry decided that the burden on the Local Authority's rates was so small that there was no need for a grant.

##### *Water Supplies.*

A scheme for the improvement of water supply to numerous villages in one Rural District was submitted. The proposal was to increase the pumping capacity of an existing well and to equalize the distribution to the various water towers by providing a ground level reservoir and booster pumps to the three water towers supplying the various villages. New chlorination apparatus was included in the scheme and the reservoir was to be divided to enable a portion to be used for contact chlorination prior to dechlorination.

The Ministry of Housing and Local Government considered the scheme for grant aid but as it was concerned mainly with the improvement of an existing supply rather than bringing new mains to the area, grant aid was not given. A small scheme for improving water supplies in one parish was also refused grant-aid by the Minister owing to the small additional burden which would be imposed upon the rates.

In recent years there has been a growing tendency on the part of the Ministry to turn down sewerage schemes which do not follow on the heels of water supply improvement schemes. Although a water scheme may have been laid on for many years, before proposals are put forward to sewer the area, it can often be shown that because of recent development or improvements to existing houses the need for a sewerage scheme has increased over the years.

#### MEAT INSPECTION.

For various reasons there is a growing tendency for animals destined for London's meat supply to be slaughtered in the Home Counties. This has



given rise to a general problem in that Inspectors are being burdened with much work in the slaughterhouse inspecting meat which will not be consumed in their areas.

Government grant to Local Authorities for meat inspection work may encourage the appointment of additional staff, but there would also seem to be a case for going back to a policy of more rigorous slaughtering control in order to overcome a situation where the inspector's time is spent in travelling around a multiplicity of small slaughterhouses spread over a relatively large area.

#### DOLLIS BROOK.

The County Council is responsible for carrying out duties under the Rivers (Prevention of Pollution) Act, 1951, for that part of the collecting ground of the Dollis and Folly Brooks which is within the county boundary. Powers have been obtained which enable the County Council's Officers to make inspections and take samples for the purpose of preventing or reducing pollution in these streams.

Following a preliminary survey, it was noted that pollution came mainly from two sources. Firstly, from the Barnet sewage disposal works which discharge a poor effluent to the Dollis Brook and, secondly, from the numerous pig farms which exist in the area. It is not practical to take any action in respect of the sewage works pollution as the plant will be abandoned in two or three years time when the area is connected up to the East Middlesex Main Drainage Scheme.

Drainage from pig farms presents a considerable problem. Fortunately, in some areas, there is sufficient land for land irrigation schemes to be carried out. In several cases, direct connections to the brook have now been cut and drainage from piggeries is being irrigated over the land. In one instance, a small treatment plant has been installed in order to produce a better effluent and at another large pig farm the drainage now flows to a tank which is emptied from time to time by a pump, and the contents used to manure the land. At another farm, plans have been submitted to enable the house, farm buildings, cottages, and pigsties to be drained to the main sewerage system. Waste from a slaughterhouse is now being irrigated on the land. The result of all this work is that there has been a noticeable improvement in the Dollis Brook. Progress is bound to be slow, however, when one is dealing with longstanding nuisances.

#### REFUSE DISPOSAL.

The deposit of refuse imported from one district to another is prohibited under Section 26 of the Hertfordshire County Council Act, 1935, unless a consent is issued by the County Council. These consents can stipulate certain conditions which must be observed when the refuse is tipped and enable operations to be controlled in such a way as to prevent nuisances arising.

Five new consents for the tipping of inorganic materials were issued during the year. One of these included a County Council school site which is being filled and levelled in order to provide playing-fields. In respect of another site, the existing consent for the disposal of inorganic materials was brought up to date, and another large tip for organic refuse was extended to include certain areas which had not been covered by the previous consent. Altogether there are sixteen refuse tips receiving organic refuse and thirty-two sites licensed for inorganic refuse. During the year 509 visits were made to refuse tips by officers of the Department. Filling at three sites was completed in 1957.

#### NEW HOUSING.

The following table shows the position regarding new housing provided by District Councils in the county to the 31st December, 1957. It is taken from the Ministry of Health return :—



TABLE 42.

	Local Authorities and Housing Associations		Private Builders	
	Under construction	Completed since 1st April, 1945	Under construction	Completed since 1st April, 1945
<b>BOROUGHES.</b>				
Hemel Hempstead . . . . .	87	1,071	63	380
Hertford . . . . .	79	854	25	208
St. Albans . . . . .	248	2,655	119	928
Watford . . . . .	49	3,375	107	1,071
<b>Totals—Boroughs . . . . .</b>	<b>463</b>	<b>7,955</b>	<b>314</b>	<b>2,587</b>
<b>URBANS.</b>				
Baldock . . . . .	48	474	13	79
Barnet . . . . .	130	712	51	748
Berkhamsted . . . . .	—	478	60	338
Bishop's Stortford . . . . .	9	667	151	965
Bushey . . . . .	58	506	57	828
Cheshunt . . . . .	—	1,411	480	1,486
Chorleywood . . . . .	—	198	34	486
East Barnet . . . . .	47	740	121	921
Harpenden . . . . .	24	613	195	862
Hitchin . . . . .	—	831	171	653
Hoddesdon . . . . .	95	703	37	774
Letchworth . . . . .	94	1,576	110	438
Rickmansworth . . . . .	49	983	80	900
Royston . . . . .	46	414	12	106
Sawbridgeworth . . . . .	10	199	56	155
Stevenage . . . . .	—	551	14	87
Tring . . . . .	—	138	10	151
Ware . . . . .	30	585	37	210
Welwyn Garden City . . . . .	28	1,207	11	181
<b>Totals—Urbans . . . . .</b>	<b>668</b>	<b>12,986</b>	<b>1,700</b>	<b>10,368</b>
<b>RURALS.</b>				
Berkhamsted . . . . .	—	168	17	244
Braughing . . . . .	16	396	9	157
Elstree . . . . .	89	1,419	111	504
Hatfield . . . . .	48	1,342	63	1,077
Hemel Hempstead . . . . .	65	640	32	413
Hertford . . . . .	33	485	23	259
Hitchin . . . . .	10	872	92	485
St. Albans . . . . .	98	1,533	193	1,489
Ware . . . . .	28	604	26	203
Watford . . . . .	97	661	214	1,098
Welwyn . . . . .	20	344	19	190
<b>Totals—Rurals . . . . .</b>	<b>504</b>	<b>8,464</b>	<b>799</b>	<b>6,119</b>
<b>TOTALS—COUNTY . . . . .</b>	<b>1,635</b>	<b>29,405</b>	<b>2,813</b>	<b>19,074</b>

This table does not show the housing development in the New Towns within the county boundary. The following table shows the number of houses completed in the New Towns at the 31st December, 1957 :—

TABLE 43.

	Under construction	Completed
Hatfield . . . . .	99	2,214
Hemel Hempstead . . . . .	473	7,124
Stevenage . . . . .	1,236	6,398
Welwyn Garden City . . . . .	394	3,126

All development at Oxhey was completed in the December quarter, 1954, a total of 4,222 houses being built. At Boreham Wood, building was finished in the June quarter of 1957. The 24 houses built during the year completed the Estate, making a total of 4,190 houses.





